

# OUT OF SERVICE



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Adjusted I	FOD				7-9-72	GS-14	\$25,620
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Cover Sheet No. 2 ASSIGNMENT HISTORY OF

BURNEY THREADGILL, JRL

ENTERED ON DUTY AT Washington, D. C.

ON July 21, 1947

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22426-14-1799		
OFFICE	DATE	
Oakland, Cal. as RA	2-14-55	
Berkeley, Calif. as R	A 9-16-57	
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	DATE	RATING	
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11-2-61 Lec Remain 10463 added 30 11 mt

9-2765 added # 3-20-67

5-14-68

2-29-72 6-21-72

> ENTRANCE SALARY \$4525.80 CAF-10

SALARY CHANGES

	DATE	GRADE	SALARY
	6-17-56	GS-13	\$8990
	12-15-57	Da 13	9205
	1-12-58	65-13	10,130
	6-14-59	45-13	\$10,370
	7-10-60	D-13	11,153
•	12-11-60	128-13	11,415.
	6-10-62	GS-13	11,675
	10-14-62	BS-13	12,610
	1-5-64	Dd-13	13. <b>26</b> 5
	6-264	48-13	13,650
	7-5-64	QS-13	14,175
	10-10-62	212-13	14,685
	6-5-66	GS-13	15,120
	1-3-66		15,561
	10-8-67	GS-13	16,207
	7/14/68	65-13	17,289
	6-1-69		17 769
	7-13-69	G5-13 G5-13	20, 673
	12-28-93	65-13	21, 905

ASSIGNMENT MISTORY OF Added BURNEY THREADGILL.

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ENTERED ON DUTY AT WASHINGTON, D.C.

OFFICE	DATE
School	7-21-47
Chicago	10-14-47
Seatt <b>l</b> e	9-14-48
Springfield Resident Agent	10-24-49
Hesident Agent East St. Louis, Ill.	5-5-50
Anchorage	11-30-50
San Fran	11-14-52
RA Oakland, Calif. as RA	2-14-55
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7-11-18 7-25-18 2-20-49 10-30-19 8-20-50 5-13-51 11-9-52 5-9-51 3-13-55 //-6-55	CAF-10 CAF-11 GS 11 GS-11 GS-12 GS-12 GS-12 GS-12 GS-12 GS-12	\$1,855.80 \$1,981.20 \$5232. \$5400 \$5600 \$6400 \$7040 \$7240 \$7440 8000 \$2/3 8990							

OPTIONAL FORM NO. 10 MAY 1962 EDITION GSA FPMR (41 CFR) 101-11.6

#### UNITED STATES GOVERNMENT

# lemorandum

Mr. Walsh

2-10-76

Dep. AD Inv. \_\_ Asst. Dir.: Admin. Comp. Syst. Ext. Affairs Files & Com. \_\_ Gen. Inv. ldent. Inspection \_ Intell. Laboratory Legal Coun. Plan. & Eval.

Spec. Inv. \_

Telephone Rm. \_\_\_ Director Sec'y \_

Training.

Dep. AD Adm. \_\_

FROM

S. R. Burns

SUBJECT:

SA BURNEY THREADGILL, JR.

Senior Resident Agent - Monterey, California

San Francisco Office

#### PERMANENT BRIEF

7-21-47 Entered on Duty Reported to Field 10-14-47 Present Grade and Salary GS-14, \$32,231 10-12-75 - Basic Increase Last Salary Change Age 54 - Born 10-28-1921 Place of Birth Biloxi, Mississippi Married - 2 Children Marital Status Education Bachelor of Science Degree None Language Ability Office of Preference since 3-74 San Francisco 1975 Annual Performance Rating EXCELLENT Firearms Ability Qualified Immediate Relatives in Bureau None Offices of Assignment: 10-14-47 assigned Chicago 9-14-48 reported Seattle

reported

reported

reported

ASRA

SRA.

Resident Agent

Resident Agent

Resident Agent

Resident Agent

Springfield East St. Louis, Illinois Anchorage San Francisco Oakland, California Berkeley, California Monterey, California Monterey, California Monterey, California

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11-30-50

11-14-52

2-14-52

9-16-57

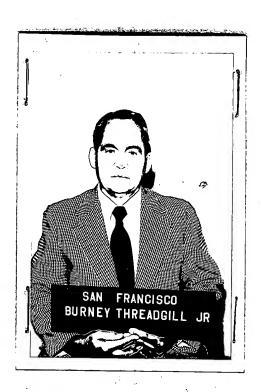
9-13-65

3-17-67

3-14-72

5-5-50





Burney Threadgill, Jr.

This employee entered on duty 7-21-47 as a Special Agent in Grade CAF-10, \$4525.80 per annum. At the conclusion of his training period, Mr. Clegg said he appeared to have a personality that would enable him to get along well with everyone, his contact qualities were good, he had shown a very good attitude and it was believed that with seasoning in the field he would do well.

On 10-14-47 he was assigned to the Chicago Office.

RECORD IN GRADE CAF-10. \$4525.80: On 12-18-47 SAC McSwain rated him GOOD and said he appeared to possess sufficient initiative, force and aggressiveness in the performance of his duties, he was rated as a good dictator and was in good physical condition. He performed satisfactorily in moot court training, his firearms scores were average, and it was believed that he could be utilized on dangerous assignments and raids under proper supervision. His reports were well written for a man of his experience requiring the average number of corrections. His contacts with the general public had been satisfactory. He had shown ability to organize and initiate investigations with a minimum of supervision. He was sincere, conscientious, and interested in his work and thus far had appeared willing to accept and discharge responsibility without close and constant supervision. He had shown progress to date and it was the SAC's belief that he would continue to develop with experience.

On 3-31-48 SAC McSwain rated him GOOD and reiterated some of his comments of 12-18-47 and added that he had contacted law enforcement officers and the general public in a very satisfactory manner, his attitude for his work was very good, and he appeared anxious to improve his status in the Bureau. He was an exceptionally hard working agent and handled more than the average amount of work for an agent of his experience. He had shown exceptionally good progress, and it was felt that with more diversified experience he should develop into a better than average agent.

As the result of a basic salary increase effective 7-11-48, and a Uniform Promotion effective 7-25-48, his salary was increased to \$4981.20 per annum in Grade CAF-10.

On 9-14-48 he was transferred to Seattle and on his transfer efficiency report dated 9-3-48, SAC Wilcox rated him VERY GOOD and said he was qualified in the use of all Bureau weapons, he appeared to possess good judgment and had an even temperament, and was believed capable of performing satisfactorily on dangerous assignments and raids under proper supervision. He had operated on physical surveillances in a satisfactory manner. His attitude towards his work was particularly good, and he had shown that he was always ready and willing to accept any type of assignment. It was noted that he had put in a considerable amount of voluntary overtime work. He was an exceptionally hard-working agent and handled more than the average amount of work for an agent of his experience. He was in very good physical condition.

On 1-26-49 SAC Wilcox rated him EXCELLENT and said both the volume and quality of the work performed by this Agent had been above average. He appeared to be very much interested in the Bureau's work and took full responsibility for any assignments given him. He worked hard and fast. H investigations had been thorough and required only nominal supervision. H testified in court and made a very good appearance on the witness stand.

On 2-20-49 he was reallocated to Grade CAF-11, \$5232 per annum.

RECORD IN GRADE CAF-11, \$5232: On 9-13-49 SAC Wilcox rated him GOOD and said he was very well mannered and was alert and conscientious. He had an exceptionally good attitude. He worked hard and handled an above average volume. His reports were well written and required only a minimum of supervision. He assumed responsibility and used resourcefulness and initiative in carrying out his assignments. He was qualified in the use of Bureau firearms and could be used on dangerous assignments. The stenographers rated his dictation between excellent and very good. He was capable of making good contacts with both law enforcement officials and in the business world. He was believed capable of handling technical or physical surveillances. He was single and available for assignment to any of the Bureau's offices.

On 10-24-49 he was transferred to the Springfield Office.

During an inspection of the Seattle Office in October 1949, the Inspector (ASAC L. C. Nulty) said he agreed with the SAC that this Agent made good contacts and should develop into an above average Agent with further experience.

As the result of a basic salary increase effective 10-30-49, his salary was increased to \$5400 per annum in Grade GS-11.

On 5-5-50 he was designated Resident Agent at East St. Louis, Illinois.

On 3-31-50 SAC Poster rated him VERY GOOD and said he had shown a successful amount of force and aggressiveness to carry out any of his Bureau duties. He had shown a good investigative sense and followed through on his investigations without undue supervision. He performed about an average volume of work and in general appeared to understand the Bureau's desires and rules and regulations. His paper work had been uniformly good and needed but a minimum of supervision. He was an excellent dictator and was available for general or special assignment at any time. His firearms scores were about average for an Agent of his experience and he could be used on a dangerous assignment. The SAC was satisfied with his progress and believed he would continue to progress.

He attended In-Service Training from 7-3-50 to 7-14-50.

During an inspection of the Springfield Office in June 1950, Inspector Carlson said he agreed with the SAC that Threadgill made a fine appearance and was well-liked generally. He appeared to be intelligent and with application should continue to progress.

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On 8-20-50 he received a Uniform Promotion to \$5600 per annum in Grade GS-11.

On 11-10-50 SAC Poster rated him VERY GOOD and said he made a good impression on those with whom he came in contact, was well-liked by personnel of that office and had shown a cooperative attitude. He had displayed a sufficient amount of force and aggressiveness to carry out his duties as a Bureau Agent. He accepted and discharged responsibility with a minimum of supervision. He was criticized for permitting some of the more important cases assigned to him to become delinquent while he was handling current routine matters. He accepted this criticism very well and had corrected this situation and had evaluated his work well and handled it accordingly. It was also necessary to bring to his attention a rough draft report submitted by him in the case of that was unsatisfactory. He had from time to time failed to properly recharge serials. He was amenable to criticism, accepted it in the proper manner and corrected delinquencies pointed out to him. rated from very good to excellent in dictation and was an excellent witness. He could function on dangerous assignments and his SAC believed that with application to his work he would develop into a better than average Agent. On 11-30-50 he was transferred to Anchorage and by letter dated 12-9-50, he was advised that he would receive a 25% cost of living allowance.

His overtime for October 1950 was 2 hours 57 minutes, for November 2 hours 15 minutes, and for December 2 hours 4 minutes. The office average for the Springfield Office for October was 1 hour 37 minutes, for November 2 hours the office average for the Anchorage Office for December was 2 hours 39 minutes.

By memorandum dated 2-26-51 he was considered for reallocation to Grade GS-12; however, he was passed over to be reconsidered at a later date.

On 3-31-51 SAC Williams rated him SATISFACTORY and stated he was available for assignment anywhere the Bureau saw fit to send him. He made an excellent appearance, had a very pleasing personality that enabled him to meet the public well, made friends with law enforcement agents and also enabled him to work with fellow employees. He handled a large volume of work with a minimum amount of supervision, his reports were well written, indicating attention to detail and important objectives. He was rated excellent and very good in dictation. He was capable of handling raids, surveillances and other matters involving personal danger. He had exhibited initiative, forcefulness, ambition and a desire to progress in Bureau service. He was an asset to the Bureau and loyal to it. He was rated in the upper bracket of Satisfactory.

During inspection of the Anchorage Office, April, 1951, Inspector Naughten said he made an excellent impression, he had a serious attitude toward his work, was mature and had a positive personality. It was felt that he had potential for future advancement and he was now obtaining excellent experience to broaden him. On 5-13-51 he was reallocated to Grade GS-12, \$6+00 per annum.

As the result of a basic salary increase effective 7-8-51, his salary was increased to \$7040 per annum in GS-12.

On 3-31-52 SAC Williams rated him SATISFACTORY and said he handled a large volume of work with very little supervision. This man was ambitious to progress in the Bureau service and had the force, initiative and aggressiveness necessary to do this. It was believed that he had administrative ability which should be developed.

His daily average overtime for March, 1952 was 2 hours 2 minutes plus 11 minutes travel overtime.

On 4-19-52 the SAC submitted his name in connection with the Personnel Advancement Program and added he had shown a definite flair for liaison work and it was felt that his capabilities in this regard should be developed and utilized. It was felt that he would function quite well as a supervisor at the Seat of Government, and particularly in a liaison capacity. He was being recommended for consideration in that regard.

He attended In-Service Training from 7-28-52 to 8-8-52.

His daily average overtime for August, 1952 was 2 hours 4 minutes.

On 11-9-52 he received a Uniform Promotion to \$7240 per annum in GS-12.

On 11-14-52 he was transferred to the San Francisco Office and on his transfer report SAC Williams rated him SATISFACTORY.

On 3-31-53 SAC Brown rated him SATISFACTORY and said he possessed above average appearance. He appeared to be in good physical health and the SAC would not hesitate to utilize him on raids and dangerous assignments as a participant, under supervision. He possessed an excellent attitude toward his work. He was definitely mature and emotionally stable, and was able to get results. For this reason the SAC felt that he definitely had latent administrative capabilities and he was progressing in a very satisfactory manner.

His daily average overtime for April, 1953 was 1 hour 47 minutes.

On 3-31-54 SAC Whelan rated him SATISFACTORY and said since his assignment to the Security-C Squad, he had learned how to conduct security investigations and how to report them in conformity with Bureau standards. In this respect the supervisory staff noted that the first security index summary report prepared by him was the best first report produced by any Agent newly assigned to the Security Squad.

On 5-9-54 he received a Uniform Promotion to \$7440 per annum in GS-12.

Memorandum dated 5-24-54 reflected that he was available for special and general assignment.

On 2-14-55 he was designated Resident Agent at Oakland.

His daily average overtime for February, 1955, was 1 hour 50 minutes.

On 3-13-55 he received a basic salary increase to \$8000 per annum in GS-12.

On 3-31-55 SAC Whelan rated him SATISFACTORY and said he was assigned to the Security-C Squad. He had been assigned to conducting security investigations, attempting to develop informant coverage, and to handling existing informants in the East Bay region of the Communist Party. He developed a potential security informant during July, 1954 and also in August, 1954, a security informant in October, 1954, and a confidential source in December, 1954. His investigations were complete and thorough, and his reports were generally above average. He was capable of conducting complicated investigations with average supervision. He was interested in advancement and could be considered for advancement on a long-range basis.

His daily average overtime for March, 1955, was 2 hours 7 minutes.

In connection with the Bureau's Personnel Advancement Program, the SAC advised on 4-14-55 that it was his observation that SA Threadgill willingly accepted any assignment given to him and did a very thorough job on his assignments. He had been recommended for training as an Inspector's Aide. He was interested in advancing in the Bureau's service and could be considered for such advancement on a long-range basis.

His daily average overtime for April, 1955, was 1 hour 49 minutes.

He attended Security In-Service Training from 4-25 to 5-4-55.

By memorandum dated 5-11-55 his SAC was advised that he had been trained as an Inspector's Aide and was qualified to assist Inspectors on regular inspections.

His daily average overtime for May, 1955, was 1 hour 55 minutes; June, 2 hours 18 minutes; July, 1 hour 48 minutes; and for August, 2 hours 50 minutes.

During an inspection of the San Francisco Office in September, 1955, Inspector Buys said that he intended to make Bureau work his career and was interested in advancement along supervisory and administrative lines. He made a mature, businesslike appearance, and was well versed on local, national, and international current events. This Agent said his only weakness was in public speaking and he was attempting to correct this by regular appearances before church groups. He appeared to be capable of

supervising work of other agents. The Inspector recommended that SA Threadgill be considered for additional responsibilities when possible.

His daily average overtime for September, 1955, was 1 hour 59 minutes; and for October, 2 hours 2 minutes.
On 11-6-55 he received a Uniform Promotion to \$8215 per annum in GS-12.
By memorandum dated 11-22-55 Inspector W. W. Wood said that this Agent assisted in an inspection of the Butte and Salt Lake City Offices. He had shown adequate initiative and ability to probe for weaknesses in handling his inspection assignment, his paper work was satisfactory, and he handled his special assignments satisfactorily. It was felt he benefited considerably from his first inspection assignment and that he had a better understanding of administrative duties. With further inspection assignments it was believed he may develop, and he was considered to have about average potential for advancement. It was recommended that he continue as Inspector's Aide.

His daily average overtime for November, 1955, was 2 hours 29 minutes; December, 2 hours 15 minutes; January, 1956, 1 hour 50 minutes; and for February, 2 hours 18 minutes.

On 3-31-56 SAC Whelan rated him SATISFACTORY and said he was available for general and special assignments, he had no physical limitations, and had the ability to participate in raids and dangerous assignments. He was a capable Agent and his work took no more than average supervision. It was believed he had the ability to handle complicated investigations with average supervision. He was qualified as an Inspector's Aide. He had developed 3 Potential Security Informants and 1 informant, and he had participated in the development of 2 highly confidential sources of information which sources furnished considerable information of value which could not have been obtained through any other means. In the past he had testified on numerous occasions in a satisfactory manner. He was interested in administrative advancement and the SAC believed he appeared capable of consideration on a long range basis.

His daily average overtime for March, 1956, was 2 hours 11 minutes; April, 1 hour 44 minutes; and for May, 1 hour 55 minutes.

By memorandum dated 6-7-56 his SAC recommended that this Agent be considered for reallocation to Grade GS-13.

On 6-17-56 he was PROMOTED to Grade GS-13, \$8990 per annum His daily average overtime for June, 1956, was 2 hours 5 minutes; July, 2 hours; and August, 2 hours 2 minutes.

By memorandum dated 9-20-56 Inspector J. E. Edwards advised that this Agent had assisted in an inspection of the Salt Lake City and Seattle Offices.

This Agent handled a very good volume of work and the quality of his presentations was entirely satisfactory. He displayed a very practical and sound approach, and was thoroughly cooperative, energetic, and alert. He was available for general or special assignment wherever his services may be needed and he was interested in advancement in the Bureau along administrative lines. The Inspector stated that he needed more seasoning but should continue to progress.

His daily average overtime for September, 1956, was 2 hours 58 minutes; October, 1 hour 45 minutes; November, 1 hour 53 minutes.

By letter dated 11-7-56 he was awarded a <u>CASH AWARD</u> in the amount of \$150.00 in recognition of his exceptionally skilled services in the development of several highly confidential sources of information pertaining to internal security matters.

His daily average overtime for December, 1956, 1 hour 48 minutes.

During an inspection of the San Francisco Office, January, 1957, he received a substantive write-up in connection with a Security Matter case for failure to verify the subject's residence and to thereafter submit this information to the Bureau. No further action was taken concerning SA Threadgill.

His daily average overtime for January, 1957, 2 hours 14 minutes; February, 2 hours 3 minutes; March, 1 hour 43 minutes.

On 3-31-57 SAC H. G. Foster rated him SATISFACTORY and stated he was available for general and special assignments. He was assigned to the Security-C Squad and was a Resident Agent in Oakland, California, and more specifically conducted security investigations in Berkeley, California. He was a capable agent, his work took no more than average supervision and he had done an outstanding job on physical surveillances. He was available for and interested in administrative advancement, and could be considered suitable for advancement on a long range basis with additional Resident Agency experience.

His daily average overtime for April, 1 hour 31 minutes; May, 1 hour 50 minutes; June, 1 hour 52 minutes; July, 1 hour 40 minutes.

By letter dated 7-21-57 he received the Bureau's Ten-Year Service Award Key. On 9-16-57 he assumed the duties of Resident Agent at Berkeley, California. His daily average overtime for August, 1 hour 51 minutes; September, 1 hour 56 minutes; October, 1 hour 45 minutes; November, 1 hour 44 minutes.

Memorandum 11-7-57 reflected he had assisted Inspector Teague in the inspection of the Denver Office. He made a review of the general security-

type files. The review reflected that he made a probing analysis and together with one of the other aides assisted in the preparation of a survey of security work. He assisted in other administrative checks in the office, reflecting that he had good judgment and a good knowledge of Bureau procedures. Inspector's opinion was that Threadgill was best suited for investigative work.

On 12-15-57 he received a Uniform Promotion to \$9205 per annum in GS-13.

His daily average overtime for December, 1957, 1 hour 42 minutes.

On 1-12-58 he received a Basic Salary Increase to \$10,130 per annum in GS-13.

His daily average overtime for January, 1958, 2 hours 16 minutes; February, 1 hour 50 minutes; March, 2 hours 12 minutes.

On 3-31-58 SAC W. W. Burke rated him EXCELLENT and stated he was available for general and special assignments, had the ability to participate in raids and dangerous assignments and was assigned to the Security-C Squad and was a Resident Agent at Oakland, California, until September, 1957, at which time he was transferred to the Berkeley Resident Agency. He had the ability to handle complicated investigative matters with average supervision. He was available for and interested in administrative advancement and could be considered suitable for advancement on a long range basis.

His daily average overtime for April, 1 hour 48 minutes; May, 2 hours 9 minutes.

During an inspection of the San Francisco Office, May, 1958, Inspector A. S. Brent stated he made an excellent appearance, had a businesslike personality and his assignments consisted of Security Matter -C cases which were found to be in excellent shape. It was recommended that he be continued in his present position.

His daily average overtime for June, 2 hours 4 minutes; July, 2 hours 16 minutes; August, 2 hours 1 minute; September, 2 hours 12 minutes; October, 2 hours 26 minutes; November, 2 hours 4 minutes; December, 2 hours 28 minutes; January, 1959, 2 hours 12 minutes; February, 2 hours 1 minute; March, 1 hour 42 minutes.

On 3-31-59 SAC W. W. Burke rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informants in the area covered by his Resident Agency. All of his assignments were handled in an excellent manner.

He had demonstrated his ability to handle complicated investigative matters with average supervision. He was not interested in administrative advancement.

On 4-21-59 he was removed as an Inspector's Aide inasmuch as he was no longer interested in administrative advancement.

His daily average overtime for April, 2 hours 6 minutes; May, 1 hour 55 minutes; June, 2 hours 16 minutes.

On 6-14-59 he received a Uniform Promotion to \$10,370 per annum in GS-13.

His daily average overtime for July, 1 hour 44 minutes; August, 2 hours 21 minutes.

He attended Security In-Service Training 8-24-59 to 9-4-59.

His daily average overtime for September, 2 hours 8 minutes; October, 2 hours 2 minutes.

During an inspection of the San Francisco Office, October, 1959, Inspector Nugent stated he made a very good appearance and was definitely well qualified for his assignment as Resident Agent. He produced an above average volume of work, his time in the office was below the office average, and his voluntary overtime was about average. He was in his office of preference, had no problems, and was not interested in administrative advancement. He was completely available for general or special assignments and it was recommended that he be continued in his present assignment.

His daily average overtime for November, 2 hours 27 minutes; December, 1 hour 46 minutes; January, 1960, 1 hour 45 minutes; February, 2 hours 19 minutes; March, 2 hours 20 minutes.

On 3-31-60 SAC Auerbach rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. He had been very successful in pretext interviews in the course of his investigations. All of his assignments had been performed in an excellent manner. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 20 minutes; May, 2 hours 43 minutes; June, 2 hours 52 minutes; July, 2 hours 2 minutes.

On 7-10-60 he received a Basic Salary Increase to \$11,155 per annum in GS-13.

His daily average overtime for August, 2 hours 2 minutes; September, 2 hours 14 minutes; October, 2 hours 37 minutes.

During an inspection of the San Francisco Office, October, 1960, Inspector R. K. Moore stated he presented an excellent appearance, was mature, and had a fine attitude toward the Bureau. He was well poised and gave every indication of knowing what he was doing in the investigative field. He was adequately sharing in the work load of the office. He had 35 cases assigned to him and during the past three months was above average in closing cases. He was below the office average in overtime during the past three months, and this was discussed with him. He manifested an excellent attitude and indicated he would share more fully along these lines. He was available for general and special assignment and was not interested in administrative advancement. For this reason, the best interests of the Bureau would be served by maintaining him in the investigative field.

His daily average overtime for November, 2 hours 6 minutes; December, 2 hours 31 minutes.

On 12-11-60 he received a Uniform Promotion to \$11,415 per annum in GS-13.

His daily average overtime for January, 1961, 2 hours 27 minutes; February, 3 hours; March, 2 hours 20 minutes.

On 3-31-61 SAC Auerbach rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. Much of his work involved the investigation of the Socialist Workers Party and factionalist type individuals who had some connection with the University of California at Berkeley. These investigations were most delicate and demanded the exercise of excellent judgment and ingenuity. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 45 minutes; May, 2 hours; June, 2 hours 29 minutes; July, 2 hours 44 minutes; August, 2 hours 37 minues; September, 3 hours 18 minutes; October, 2 hours 46 minutes; November, 2 hours 15 minutes; December, 2 hours 34 minutes.

On 12-18-61 his SAC advised he would be utilized on weekend, holiday and night-duty assignments in the San Francisco Office unless advised to the contrary by the Bureau.

His daily average overtime for January, 1962, 1 hour 56 minutes; February, 2 hours 19 minutes; March, 1 hour 56 minutes.

On 3-31-62 SAC F. L. Price rated him EXCELLENT and stated he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. Much of his work involved the investigation of the Socialist Workers Party and factionalist type individuals who had some connection with the University of California at Berkeley. In these investigations he had demonstrated his ability to handle complicated investigative matters with a minimum of supervision. He had done an outstanding job in securing photographs of security subjects, often times under very difficult circumstances. He had also shown outstanding resourcefulness in conducting pretext interviews. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 9 minutes; May, 2 hours 23 minutes; June, 2 hours 18 minutes.

On 6-10-62 he received a Uniform Promotion to \$11,675 per annum in GS-13.

His daily average overtime for July, 1 hour 47 minutes; August, 2 hours 18 minutes; September, 2 hours 17 minutes; October, 2 hours 2 minutes.

On 10-14-62 he received a Basic Increase to \$12,610 per annum in GS-13.

His daily average overtime for November, 2 hours 6 minutes; December, 1 hour 59 minutes; January, 1963, 2 hours 33 minutes; February, 2 hours 30 minutes.

On 3/31/63 he received a rating of EXCELLENT with comments stating he had the ability to participate in raids and dangerous assignments. He was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. He was not interested in administrative advancement.

His overtime for March, 2 hours 15 minutes; April, 2 hours 49 minutes; May, 2 hours 1 minute;

By letter dated 6/3/63 he was COMMENDED through the SAC, along with others, for his participation in such an excellent fashion in an operation of considerable value to the Bureau in the security field. (Re: Progressive Youth Organizing Committee, Internal Security-C)

His overtime for June, 2 hours 19 minutes; July, 1 hour 54 minutes.

He attended Advanced Security In-Service from 8/19/63 to 8/30/63.

His overtime for August, 1 hour 57 minutes; September, 1 hour 47 minutes; October, 2 hours 22 minutes; November, 2 hours 2 minutes; December, 1 hour 55 minutes.

On 1/5/64 he received a Basic Salary Increase to \$13,265 per annum in Grade GS-13.

His overtime for January, 1964, 2 hours 29 minutes; February, 3 hours 12 minutes.

On 3/31/64 he received a rating of EXCELLENT with comments stating he had the ability to participate in raids and dangerous assignments. He was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He had displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments, he frequently handled criminal and applicant type cases and these were handled in an excellent manner. Much of his work involved the investigation of the Socialist Workers Party and factionalist type individuals who had some connection with the University of California at Berkeley. He had done an excellent job in connection with the informant program. He was not interested in administrative advancement.

His overtime for March, 2 hours 12 minutes; April, 2 hours 25 minutes; May, 2 hours 31 minutes.

On 6/7/64 he received a Within-Grade Increase to \$13,650 per annum in Grade GS-13.

His overtime for June, 2 hours 47 minutes.

On 7/5/64 he received a Basic Salary Increase to \$14,175 per annum in Grade GS-13.

His overtime for July, 2 hours 7 minutes; August, 2 hours 59 minutes; September, 1 hour 40 minutes; October, 1 hour 55 minutes; November, 1 hour 57 minutes; December, 2 hours 37 minutes; January, 1965, 2 hours 17 minutes; February, 2 hours 42 minutes.

- 13 -

On 3/31/65 he received a rating of EXCELLENT with comments stating he had a very pleasant personality and was very well-regarded by his fellow employees and the general public. He had the ability to participate in raids and dangerous assignments. He was assigned to the Security-C Squad and was a Resident Agent at Berkeley, California. He had specialized in the investigation of the Socialist Workers Party, Young Socialist Alliance and Progressive Labor matters. Most of his assignments had to do with individuals who had some connection with the University of California. He had displayed his ability to handle complicated investigative matters with a minimum of supervision. He was not interested in administrative advancement.

His overtime for March, 2 hours 27 minutes; April, 2 hours 14 minutes; May, 2 hours 27 minutes; June, 2 hours 15 minutes; July, 3 hours 22 minutes.

By mletter dated 8/27/65 he was advised that his headquarters were being changed from Berkeley, California to Monterey, California as a Resident Agent.

His overtime for August, 2 hours 45 minutes.

On 9/13/65 he ARRIVED at the Monterey, California, Resident Agency.

His daily average overtime for September, 1965, 2 hours 2 minutes.

On 10/10/65 he received a Basic Increase to \$14,685 per annum in GS-13.

His daily average overtime for October, 1965, 2 hours 19 minutes; November, 2 hours 19 minutes; December, 2 hours 33 minutes; January, 1966, 2 hours 32 minutes; February, 2 hours 44 minutes.

On 3/31/66 he received a rating of EXCELLENT with comments stating he was assigned to the Security-C Squad as a Resident Agent at Berkeley, California. Since 9/13/65 he has been assigned to the Monterey, California Resident Agency where he was assigned to the Selective Service-Theft from Interstate Shipment Squad. He was aggressive where necessary and had demonstrated the ability to handle the most complicated cases with a minimum of supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1966, 2 hours 16 minutes; April, 2 hours 22 minutes; May, 2 hours 14 minutes.

On 6/5/66 he received a Within-Grade Increase to \$15,120 per annum in Grade GS-13.

His daily average overtime for June, 1966, I hour 47 minutes.

On 7/3/66 he received a Basic Increase to \$15,561 per annum in GS-13.

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His daily average overtime for July, 1966, 2 hours 5 minutes; August, 1 hour 47 minutes.

During an Inspection of the San Francisco Office in September, 1966, 0. T. Jacobson, of the Inspection Staff, stated he was a devoted, loyal employee, conscientious toward his work, and carried an above-average case load. Although available for general or special assignment he was not interested in administrative advancement, preferring to lend his talents to investigative work solely for which he was well suited.

His daily average overtime for September, 1966, 2 hours 9 minutes.

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His daily average overtime for October, 1966, 2 hours 47 minutes; November, 2 hours 17 minutes; December, 2 hours 21 minutes; January, 1967, 2 hours 26 minutes; February, 2 hours 15 minutes.

On 3/17/67 he was designated Alternate Senior Resident Agent at Monterey, California.

on 3/31/67 he received a rating of EXCELLENT with comments stating he was assigned to the SSA-Theft from Interstate Shipment Squad. Approximately 60% of his assignments were in the security-accounting type classifications. He had demonstrated the ability to handle the most complicated cases with a minimum of supervision. His participation in the Informant Program was considered excellent and he was a competent witness. He was not interested in administrative advancement.

His daily average overtime for March, 1967, 2 hours 16 minutes; April, 2 hours 35 minutes; May, 2 hours 31 minutes; June, 2 hours 22 minutes.

By letter dated 7/21/67 he received his TWENTY-YEAR SERVICE AWARD KEY.

His daily average overtime for July, 1967, 2 hours 24 minutes; August, 2 hours 35 minutes; September, 2 hours 31 minutes.

On 10/8/67 he received a Basic Increase to \$16,207 per annum in GS-13.

His daily average overtime for October, 1967, 2 hours 40 minutes; November, 2 hours 42 minutes; December, 2 hours 34 minutes; January, 1968, 2 hours 10 minutes; February, 2 hours 12 minutes.

On 3/31/68 he received a rating of EXCELLENT with comments stating he handled security and racial matters, and Selective Service cases in the Monterey Resident Agency and assisted where needed on Applicant and Criminal cases. He was an experienced Agent and well able to handle complicated investigative matters and required little supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1968, 2' 26"; April, 2' 30"; May, 2' 9".

He attended In-Service training in Advanced Security Communist Matters from 5/27/68 to 6/7/68.

On 6/11/68 the Director met with him and his family and a photograph was taken to commemorate the occasion. The photograph was mailed to him on 6/12/68.

His daily average overtime for June, 1968, 2' 38".

On 7/14/68 he received a Basic Increase to \$17,289 per annum in GS-13.

His daily average overtime for July, 1968, 2' 24"; August, 2' 10"; September, 2' 18"; October, 2' 23"; November, 2' 35"; December, 2' 22"; January, 1969, 2' 30"; February, 2' 43".

On 3/31/69 he was rated EXCELLENT and comments reflected that he was a very experienced, capable Agent who had excellent outlook on his work." He was conscientious, enthusiastic, and had demonstrated his ability to handle the investigation and reporting of complex matters with a minimum of supervision. He had willingly accepted new responsibility and had equitably shared in the workload and overtime for the Monterey Resident Agency. He was not interested in administrative advancement.

His daily average overtime for March, 1969, 2' 48"; April, 2' 30"; May, 2' 37".

On 6/1/69 he received a Within Grade Increase to \$17,769 per annum in GS-13.

His daily average overtime for June, 1969, 2' 23".

On 7/13/69 he received a Basic Increase to \$19,501 per annum in GS-13.

His daily average overtime for July, 1969, 2' 31".

By letter dated 8/25/69 he was COMMENDED through the SAC along with those agents in the San Francisco Division who participated so capably in the investigation of the Unlawful Flight to Avoid Prosecution case involving

His daily average overtime for August, 1969, 2' 30"; September, 2' 10"; October, 2' 30"; November, 2' 32".

On 12/28/69 he received a Basic Increase to \$20,673 per annum in GS-13.

His daily average overtime for December, 1969, 2' 27"; January, 1970, 2' 9"; February, 2' 26".

On 3/31/70 he was rated EXCELLENT and comments reflected that he was a loyal, dedicated employee who had continually displayed good judgment, initiative, and aggressiveness in handling his investigative assignments with asminimum of supervision. He was conscientious, readily accepted new responsibilities, and willingly shared in the workload and overtime of the Resident Agency. He was not interested in administrative advancement.

His daily average overtime for March, 1970, 2' 30"; April, 2' 12"; May, 2' 48"; June, 2' 31"; July, 2' 7"; August, 2' 41"; September, 2' 43"; October, 2' 8"; November, 2' 32"; December, 2' 13".

On 1/10/71 he received a Basic Increase to \$21,905 per annum in GS-13.

His daily average overtime for January, 1971, 2' 27"; February, 2' 6".

On 3/31/71 he was rated EXCELLENT and comments reflected that he was noteworthy for his dependability, judgement, and willingness to share the work load. He was able to sustain an above-average case load and so plan as to have low delinquency. He was not interested in administrative advancement.

His daily average overtime for March, 1971, 2' 32"; April, 2' 4"; May, 2' 56"; June, 2' 23"; July, 2' 26"; August, 2' 30"; September, 2' 13"; October, 2' 31"; November, 2' 13"; December, 2' 14".

On 1/9/72 he received a Basic Increase to \$23,112 per annum in GS-13.

By letter dated 1/20/172 he was designated Senior Resident Agent at Monterey, California. He assumed responsibility of the position on 3-14-72.

His daily average overtime for January, 1972, 2' 55"; February, 2' 31".

On 3/31/72 he was rated EXCELLENT and comments reflected that he was Alternate Senior RA at Monterey until 1/20/72 when he was designated Senior RA. He was particularly well qualified for this assignment because of his superior judgment, willingness to assume responsibility, and forcefulness to dominate when the situation warrants. He was particularly knowledgeable of duties and procedures and could get the work done. His personality exhibits a consistency of sincerity and selfcontrol. He was assigned work in the security field but the major part of his assignment was the responsibility for the agents assigned to the Monterey Language School. He was interested in, completely available for, and was considered to have excellent qualifications for administrative advancement.

MHis daily average overtime for March, 1972, 2' 33"; April, 2' 21"; May, 2' 14".

On 5-28-72 he received a Within-Grade Increase to \$23,737 per annum in GS-13.

His daily average overtime for June, 1972, 2'07"; July, 1'49".

On 7-9-72 he was PROMOTED to Grade GS \$14% \$25,620 per annum in the position of Supervisory Special Agent.

By letter dated 7-21-72 he received his Twenty-five-Year Service Awark Key.

His daily average overtime for August, 1972, 2'07"; September, 1'57"; October, 1'57".

On 10-1-72 he received a Basic Increase to \$26,938 per annum in GS-14.

On 3-31-73 he was rated EXCELLENT with comments that he was particularly well qualified for the assignment of Senior Resident Agent at Monterey, California, due to his superior judgment, willingness to assume responsibility; and his forcefulness. He was the Supervisory Special Agent for those Agents attending the Defense Language Institute, Monterey, and also handled some security and criminal investigative matters. He was an above-average Agent and handled all his duties in an outstanding manner. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

On 10-14-73 he received a Basic Increase to \$28,287 per annum in GS-14.

On 12-3-73 he was forwarded an autographed color photograph of Mr. Kelley in accordance with his request.

On 3-31-74 he was rated EXCELLENT with comments that he was a "can do" individual with an outstanding attitude and who was extremely capable in the supervision of the students at the Defense Language Institute in addition to administrating the Resident Agency. He was an affable, willing individual who had exhibited qualities of industriousness, reliability, and enthusiasm. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

- 18 -

On 7-7-74 he received a Within-Grade Increase to \$29,095 per annum in GS-14.

On 10-13-74 he received a Basic Increase to \$30,699 per annum in GS-14.

On 3-31-75 he was rated EXCELLENT with comments that he had an outstanding attitude. He was an affable, willing individual who exhibited qualities of industriousness, reliability, and enthusiasm. He handled the most complicated matters with no supervision. He was interested in and available for, and considered to have excellent qualifications for administrative advancement.

By letter dated 5-19-75 he was CENSURED for his failure to bring information regarding a possible embarrassing situation involving two Bureau employees to the attention of his superiors in accordance with established Bureau procedures.

On 10-12-75 he received a Basic Increase to \$32,231 per annum in GS-14.

### OFFICE OF PREFERENCE

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EMPLOYEE NO.

THREADGILL BURNEY- JR

426-14-1799 SOC. SEC. NO.

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#### FBI PERSONNEL STATUS FORM

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Burney Threadgill, Jr.

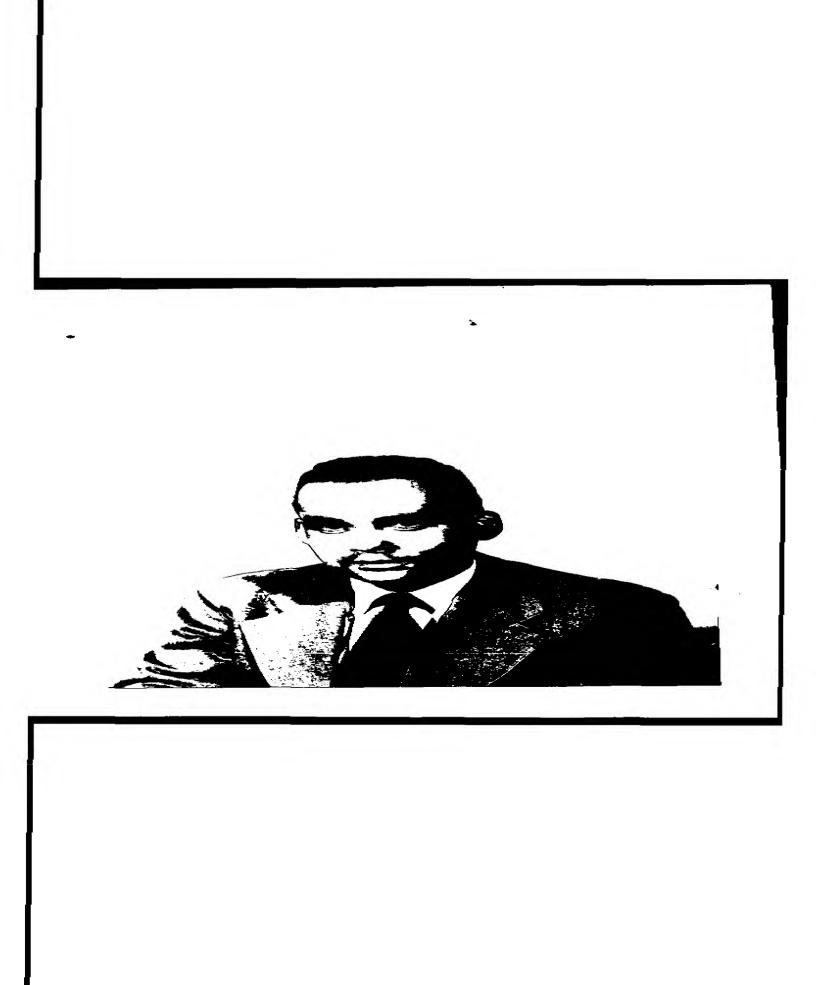
### BURNEY THREADGILL, JR.







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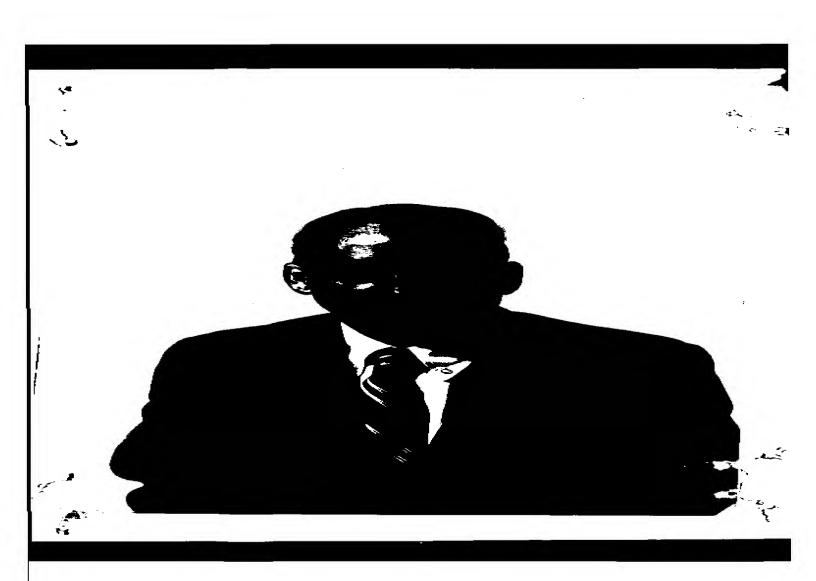
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# JAN 1968



Burney Threadgill, Jr. 3/71



# UNITED STATES DEPARTMENT OF JUST APPLICATION FOR EMPLOYMENT

APPLICATION FOR EMPLOYMENT	
DIRECTOR, FEDERAL RUREAU OF INVESTIGATION. 2214 Hall Place, N.W.	
FEDERAL BUREAU OF INVESTIGATION, 2214 Hall Place, N.W. United States Department of Justice,	
Washington, D. C. Washington, D. C. 19.	•
23 May 1947	
Sir: Special Agent (Accountant)	e Je
I hereby make application for employment in Stenographer	
Translator	
Department of Justice, and for your use in this haboratory Technicians	
connection submit the following information: Student Fingerprint Classifier	
Clerk	
(This application should be typewritten if possible) (Indicate by check)	
1. Name in full (please print) Threadgill Burney, Jr. (none) (Family name) (Given name) (Middle name)	-
(a) Female applicants must furnish maiden name	· · ·
2. Legal Residence 309 East Market Street, Greenwood, Mississippi	
3. Mail and telegraphic address Greenwood, Mississippi Phone No. 1251 J	-
4. Complete date 28 Oct 1921 Weight 155 Height 5 t 9 th	-
5. Place of birth Biloxi Harrison Mississippi	
6. (a) Father's name Burney Threadgill (b) Father's birthplace Mississippi	<b>*</b> 452
(c) Present address <u>Greenwood</u> , <u>Miss</u> . (d) If foreign born, is he a citizen?	- ·:
and the second s	<b>-</b>
7. (a) Mother's name Rose S. Threadgill (b) Mother's birthplace Mississippi	-
(c) Present address (d) If foreign born, is she a citizen?	_
$\mathcal{A}_{i}$	'n
(e) Date and place of naturalization	<b>-</b> !
8. Brothers (Complete names, birthplaces and present addresses)	_
University, Mississippi	, ! <del>-</del>
O Sisters & Board on Assessment of the State	
9. Sisters Roselyn Annette Threathway 1 (Include sarried names, pirtuplaces and present addresses) University, Missishippi	-
University, Mississippi 67-420376	7
1). If you were not born in United States, how long have you lived here?	
	(30e
11. Are you a citizen of the United States? Yes	, -==
12. If naturalized, date and place of naturalization Filed	ė
13. Are you single, married, widowed, separated, or divorced?   Single JUN 4 1947   FEDERAL BUREAU OF INVESTIGAT	- IANI
14. (a) Maiden name of wife(b) Wife's barthplace	*
(c) Present address (d) If foreign born, is she a citizen?	-
(e) Date and place of naturalization	_

\*Specify exact title of position sought as Laboratory Technician.
\*\*\*Positions of Special Agent (Law Trained), Special Agent (Accountant),
Laboratory Technician, and Messenger for mele applicants only.

See details on separate description sheets which will be furnished on request.

15. (a) Husband's complete name (b) Husband's birthplace (b)

(c) Present address (d) If foreign born, is he a citizen?

(a) Father-in-law's	name	irthplace_		
	(d) If <u>f</u>		n, is he a c	citizen?
	finaturalization			
	name (b) B			
The second of th	(d) If f			
	f naturalization			
Brothers-in-law	(Complete names, birthplaces	and prese	nt addresses	5)
Sisters-in-law	(Complete names, birthplaces	and prese	nt addresses	<b>)</b>
If your husband (or	wife) is employed, state where empl	.oyed		·,
Number of children,	if any			
Are you entirely-dep	endent on your salary? Yes	<u></u>		
to what extent are y	ou financially indebted to others a	ind to whom	י סעיייייי	dents
Education: (Please	print.)	7.5.		
	NAME AND LOCATION OF SCHOOL	FROM-	<b>TO</b> —	Courses Pursued, Diplomas or Degrees Received
ı) Elementary	Winona City School	1927	1936	* 1
	Winona, Mississippi			
) High school equivalent	Address Greenwood High	1936	1939	Diploma
*	reenwood, Mississippi			
c) College or technical	Name Address Miss State College	1939	1943	B.S. Degree
	State College, Miss.			
Poreign Languages	and the state of t		COVE.	
Give degree of proficiency as to speaking, reading, writing	Graduate School Georgetown University	1946	1947	18 hours o
	Washington, D.C.	7-3		
) Miscellaneous				
		<u>                                     </u>	<u>                                     </u>	
	s, societies, and other similar or Tau Omega Social Fratern			ch you are a memi

. ]	Health record for the past	3.years (	give number of	days_an	d nature	of serious i	llness):
	No i	llness	within pas	t 3 ye	ears.		
	Experience: (Please print	.)					
	NAME AND ADDRESS OF EMPI	OYER	POSITION AND KIND OF WORK	FROI	м-	то—	ANNUAL BALARY
	Name Address		Unemploy	ed at	prese	nt	*
	Name Department of			Oct		Dec	Ac2 00 00
	Address Washington, D		clerical	1946		1946 roray posi	\$2168.00
	Name The above pos Address order to have		was a part ment while		7	college.	oron, in
	Name Inland Distri		Salesman				Commission
	Address Box 424 Green	wood. M	ississippi	าสนา	1940	pebr 1940	b Commit 88 mou
-	Name U.S. Arny Address		1st Sgt	Apri	1 194	3 Jan 194	.6
	Name Address						
	Name Address		7				
	Name Address						
	Name Address						
	Specify any arrests (Incl.	udo troffi	a arrasta)	None	(		
•	specify any arrests (ther	nde traili	c arrests)				<b>.</b>
	Casify on assets of in		-:1-None to	mv kr	(- വസി ed	σe	//
	Specify any arrests of im		*		io vi i ca	52	}
	Have you ever been a defe	ndant in a	ny court action	, <b>Mo</b>			
	y:						
				:			
					· <del>(</del>		
	five personal refere	nces (not	relatives, for	mer emp.	loyerş,	fellow employ	ees, or school
á	chers), more than 30 years	of age, w	ho are househo	lders o	r proper	ty owners, bus	siness or fro-
9	sional men or women, inclu	ding your	family physicia	an, if yo	ou have	one, of good	standing in the
m	munity, and who have known	you well	during the past	5 or mo	ore year	s. (Please pi	rint) b
_	NAME		RESIDENCE ADDRE		NUMBER OF YEARS ACQUAINTED	BUSINESS	~
_	r. F.S. Rogers	Green	wood, Miss		8	Supt. Of	Education
Ñ				1		1	
Ţ	Vr.W.C. Williams	n	· 13		10	Former Su	pt. Of School

5.

\* . \*G, \*

( [1]Ob the limits of a little core in a	deter of regidence for the past ten years
· · · · · · · · · · · · · · · · · · ·	dates of residence for the past ten years.
	Washington D.C Sept '46 - present
reenwood, wrasiasip	oi - Aug. 1936 - Sept '46 .
List the names of any relati	ive now in the Government service, with the degree of relationship,
3T	e to my knowledge
d where employed:None	
Names of any friends or Investigation:	acquaintances who are employed in the Federal Bureau
	f military service, if any, also type of discharge re-
Anril 1943 - Ian 194	6 Infantry Honorable 34630481
a. Do you claim veteran's	preference? If so, give basis \\ \varepsilon \\ 3\text{6}.
	vice disability? If so, give percentage
What is the lowest entrance	salary you will accept? #3600 per year
•	ept probationary employment at any time, without previous notice,
d, if notice is required, how	much? 10 days
	will you be willing to proceed to Washington, D.C., upon 10 days'
tice and at your own expense?_	100
	and prepared to accept assignment or transfer to any part of the
4	The state of the s
	required, for either temporary or permanent duration? Yes
Attach unmounted full face photo- photograph - Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back
Attach unmounted full face photo-	ograph not larger than 3 by 41% inches. Write your name plainly on back_
Attach unmounted full face photo- photograph - Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back
Attach unmounted full face photo- photograph - Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back ken not more than 30 days prior to date of application. be considered complete if such photograph not furnished)
Attach unmounted full face photo-	ograph not larger than 3 by 4% inches. Write your name plainly on back
Attach unmounted full face photophotograph Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back ken not more than 30 days prior to date of application be considered complete if such photograph not furnished)  Respectfully,
Attach unmounted full face photophotograph Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back ken not more than 30 days prior to date of application. be considered complete if such photograph not furnished)  Respectfully,  Burney Threalmy
Attach unmounted full face photophotograph Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back ken not more than 30 days prior to date of application be considered complete if such photograph not furnished)  Respectfully,
Attach unmounted full face photophotograph Photograph to be tal	ograph not larger than 3 by 4% inches. Write your name plainly on back ken not more than 30 days prior to date of application. be considered complete if such photograph not furnished)  Respectfully,  Burney Threalell.
Attach unmounted full face photophotograph Photograph to be tal	Respectfully,  Respectfully,  (Signatury of applicant as usually wri
Attach unmounted full face photophotograph Photograph to be tal	Respectfully,  Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or
Attach unmounted full face photophotograph Photograph to be tall not	Respectfully,  Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained; in accordance with the original questions.
Attach unmounted full face photophotograph. Photograph to be tall not	Respectfully,  Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained tion, the same should be made on a separate sheet of paper, number in accordance with the original questions.
Note.—The following jurat must Investigation, U. S. Department Subscribed and duly sworn to	Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bure of Justice.  Described to by the above-named applicant, this
Note.—The following jurat must Investigation, U. S. Department Subscribed and duly sworn to	Respectfully,  Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bure of Justice.  Described to by the above-named applicant, this
Note.—The following jurat must Investigation, U. S. Department Subscribed and duly sworn to	Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained; tion, the same should be made on a separate sheet of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bure of Justice.  The before me by the above-named applicant, this
Note.—The following jurat must Investigation, U. S. Department Subscribed and duly sworn to	Respectfully,  Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained tion, the same should be made on a separate sheet of paper, numbering in accordance with the original questions.  The shows a policant of paper, numbering in accordance with the original questions.  The shows a policant of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The shows a policant of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The shows a policant of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The subscribed to by all applicants for positions in the Federal Bures of Justice.
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Attach unmounted full face photophotograph. Photograph to be tall not not not.  Note.—The following jurat must Investigation, U. S. Department Subscribed and duly sworn to 19	Respectfully,  Respectfully,  Respectfully,  Note.—If the applicant desires to make any further remarks or concerning his qualifications or in answer to any question contained tion, the same should be made on a separate sheet of paper, numbering in accordance with the original questions.  The shows a policant of paper, numbering in accordance with the original questions.  The shows a policant of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The shows a policant of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The shows a policant of paper, numbering in accordance with the original questions.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The subscribed to by all applicants for positions in the Federal Bures of Justice.  The subscribed to by all applicants for positions in the Federal Bures of Justice.

13





# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

# REPORT OF PERFORMANCE RATING

Name of Employees	BURNEYTHREADG	SILL, JI	۲.	
Name of Employee:				:
TTT 4 1 1	SAN FRANCISCO			
Where Assigned:	(Division)		(Section, Unit)	)
0.00.1.00.1.00.1	SPECIAL AGENT,	GS-13		
Official Position Title:_	DIECIAL ACENT,	00-20		
			`\ 	
Rating Period: from	APRIL 1, 1962	2	to MARCH 31.	1963
				· · ·
			• • •	Employee's
ADJECTIVE RATING:		CLLENT		Initials
	Outstanding, Exce	ellent, Satisf	actory, Unsatisfactory	86
	*			
,		b6	,	
Rated by:			Supervisor	3/31/63
	Signature	•	Title	Date
Reviewed by:	Signature  O Callo	ul	SAC	3/31/63
Reviewed by.	Signature		Title	APR 22 1963
m	O Callat	Can	Assistant Director	APR 22 1963
Rating Approved by	Signature	<del></del>	Title	Date
	C			
	TYPE O	F REPOR	Γ	Fit -Ola
			67-4203	mahared China
(X	X) Official RE	C- 74	( ) Administrative AP	R 17 1963
	(XX) Annual	74	( ) -00-12-1	- A G
2 APR 23 ESS			( ) Transfer	
Property of the Control of the Contr			( ) Separation from	Service
			( ) Special	

# PETORMANCE RATING GUILL FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Nar	ne of EmployeeBURNEY THREADGILL, JR.	Title SPECIAL AGENT, GS-13
		Rating Period: from <u>4/1/62</u> to <u>3/31/6</u> 3
Not	RATING GUIDE AN  e: Only those items having pertinent bearing on employee's performance Rate items as follows:  Outstanding (exceeding excellent and deserving of special commendation Excellent.  Satisfactory (good or very good).	should be rated. All employees in same salary grade should be compared.
	Unsatisfactory.  No opportunity to appraise performance during rating period.	
1.	de for determining adjective rating: "Outstanding" adjective rating requires (A) that all rated elements be "+" and ("reverse of Form FD-185. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upor mechanical formulas; however, for an employee to be rated "Excellent" he must guide and check-list and must be rated "Excellent" or "Outstanding" on the madjective rating is reasonable in the light of elements rated.  A. Any element rated "Unsatisfactory" must be supported by narrative commen B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements.	n the composite result of evaluating all rated elements rather than following any not be rated unsatisfactory on any performance evaluation factors on the rating ajority of such rating factors. Good judgment must be exercised to insure that
	(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. (14) Technical or mechanical skills. (15) Investigative ability and results:  ———————————————————————————————————	(17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider:
_	(16) Physical surveillance ability.	
A.	Specify general nature of assignment during most of rating period (such as tor, etc.):	
В.	Specify employee's most noteworthy special talents (such as investigator, desk Investigator	k man, research, instructor, speaker):
C.	(1) Is employee available for general assignment wherever needs of service r     (2) Is employee available for special assignment wherever needs of service re	require?Yes. (If answer is not "yes," explain in narrative comments.)
	narrative comments.)	uring such period? No (If answer to either question is "Yes," explain in
E.	Is employee qualified to operate a motor vehicle incidental to his official duti If answer is "yes," personnel file must reflect the following: (a) Has physically fit to drive. (c) Past safe driving record OK or has passed Bu	valid State of local operator's ficense for type vehicle he is to use. (b) is
	ADJECTIVE RATING: EXCELLENT Outstanding, Excellent, Satisfactory, Unsa	titisfactory EMPLOYEE'S INITIALS

San Francisco, California March 31, 1963

ADDENDUM:

Name: BURNEY THREADGILL, JR.

Position: SPECIAL AGENT

Grade: GS-13

## PART I. GENERAL COMMENTS

SA THREADGILL has a very warm personality, is well-regarded by his fellow employees and by the public, dresses in a very neat businesslike manner and makes an overall excellent personal appearance. There are no limitations on his availability and there are no physical limitations affecting his performance. The has the ability to participate in raids and dangerous' assignments. \ SA THREADGILL is assigned to the Security-C Squad as a Resident Agent at Berkeley, California.) / He has displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency.) In addition to his security assignments, he frequently handles criminal and applicant type cases and these are handled in an excellent manner. Much of SA THREADGILL's work involves the investigation of the Socialist Workers Party and factionalist type individuals who have some connection with the University of California at Berkeley. These investigations are most delicate and demand the exercise of excellent judgment and ingenuity. SA THREADGILL in these investigations has demonstrated his ability to handle complicated investigative matters with a minimum of supervision. SA THREADGILL has done an outstanding job in connection with pretext interviews in and about the boardinghouse area surrounding the University of California campus, where a pretext interview is the only means of obtaining information. SA THREADGILL has also done a most excellent job through his contacts with

b7D

In October, 1962, SA THREADGILL was successful in obtaining an applicant who later was accepted as a Special Agent.

SA THREADGILL's performance entitles him to a rating of excellent.

Initials

### PART II. SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given

Not applicable.

2. Experience and Ability as Inspector's Aide

Not applicable.

b6 b7D

3. Participation in Informant Program

SA THREADGILL has developed one PCI and three PSIs during the rating period. He continues to handle a security informant who is a member of both the Young Socialist Alliance (YSA) and the Socialist Workers Party (SWP). Through careful guidance on the part of SA THREADGILL, the informant has been able to advance to

SA THREADGILL

has done an excellent job in connection with the Bureau informant program.

4. Testifying Experience and Ability

SA THREADGILL has not testified during this rating period but has testified numerous times in the past in a competent manner.

5. Disciplinary Action

Not applicable.

Initials

## 6. Accounting Information

Not applicable.

## 7. Police Instruction

Not applicable.

## 8. Sound Training

Not applicable.

# 9. Resident Agents

SA THREADGILL is an above average Agent who is well-experienced and can handle any assignment in an excellent manner. He is, therefore, well-suited for his assignment as a Resident Agent at Berkeley, California.

n Initials 10. Foreign Language Ability

Not applicable.

#### Administrative Advancement 11.

- Interested in (Yes )(No XXXX)
  Completely available for (Yes\_\_\_\_\_ (a.)
- (b.)
- Considered completely qualified at present (c.) for administrative advancement including experience, ability, personality, and appearance (Yes )(No )
  If answer to (c) is "Yes," would you consider
- (d.) his qualifications very good excellent , outstanding\_
- outstanding

  If answer to (c) is "No," does he have potential for future administrative advancement? (e.) (Yes )(No

RATING: EXCELLENT

Initials

5010-106

UNITED STATES GOVERNMENT

# Memorandum

TO

DIRECTOR, FBI

DATE:

5/9/63

restolet

SAC, SAN FRANCISCO

INTERVIEW RE SICK LEAVE

SUBJECT: BURNEY THREADGILL, JR. Jo-

Captioned employee has been absent because of illness on four separate occasions of a day or more within six months or less on the dates set out below and has explained these absences as follows:

DATE	REASON	
11/2/62	Cold	
12/10/62	Cold	
1/3-4/63	Sinus infection a	nd flu
3/27/63	Laryngitis	,

Employee has 1305 hours of sick leave accrued.

CHECK AND COMPLETE APPLICABLE ITEMS.

Under a physician's care?

Employee was advised attendance would be followed.

Attitude of employee was 

EXCELLENT

Employee was referred to Health Service (where available) for assistance.

Communication previously submitted re employee's sick leave, dated

Work record is 

EXCELLENT

Additional comments.

#### RECOMMENDATION(S)

- Employee's leave record is considered to be so aggravated as to require submission of doctor's certificate for future sickness absences of a day or more, and this will be done, UACB. Employee was advised if absences not supported by doctor's certificate, annual leave will be charged and if no annual leave accrued, leave without pay will be charged.
- No action necessary; for information.
- Follow-up report will be submitted in 60 days.

Noticol 13 - 63 5.13 Cyc

34 Interview conducted by isignatu

TO PANY IA (TAB)

THREE

June 3, 1963

Mr. Curtis O. Lynum Federal Bureau of Investigation San Francisco, California

Burney The worth

Dear Mr. Lynum:

I am pleased to commend, through you, the agents in the San Francisco Division who participated in such an excellent fashion in an operation of considerable value to the Bureau in the security field.

The tenacity and resourcefulness these men displayed in handling their responsibilities in this delicate undertaking were of the highest caliber and through their splendid efforts important and otherwise unobtainable information was acquired. I want you to convey to each man my sincere appreciation for his valuable contributions.

Sincerely yours,

1 - SAC, San Francisco (Personal Attention)

Re: Progressive Youth Organizing Committee, Internal Security-C

Place a copy of this letter in files of all participating personnel.

1 - Miss Usilton (Sent Direct) CTP:bib

(11)

Based on memo Baumgardner to Sullivan 5-29-63 re: "Progressive Youth Organizing Committee, Internal Security-C, Internal Security Act of 1950."

Copies prepared and attached for files of:

(Over)

OF-NOTING OF DED

Curtis O. Lynum FBI - San Francisco

Joseph R. Seibel Burney Threadoill Jr.

b6

Philip B. Nottingham

urcau (	June 1956) it the Budget ** A 33 / Park 5	TEP(	ORT OF MEDICA	L EXAMINATI	d	88 105
I LAS	A-32 (Rev.)  ST NAME-FIRST NAME -M  READGILL, E			2. GRADE AND COM	PONENT OR POSITION	3. IDENTIFICATION NO.
<b>4</b> . HOI	ME ADDRESS (Number, str	eet or RFD, city or town, 201 Peak Blvd.,	ne and State)	5. PURPOSE OF EXA	MINATION	6. DATE OF EXAMINATION
	erkeley, Ca		*	Annual		18 Jul 63
7. SEX		-·i	ARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION	UNIT
	ale Cauca		CIVILIAN	FBI		
		Mississinni		14. NAME, RELATION	SHIP, AND ADDRESS OF	(Wife)
Z	8 Oct 21	Mississippi	S. T.	Same as	#4 -	
15. FX	AMINING FACILITY OR FXA	MINER: AND ADDRESS "	bild a bildia a	16: OTHER INFORMA		· · · · · · · · · · · · · · · · · · ·
	SNH, Oaklar	Ų.		100000000000000000000000000000000000000	• •	
	TING OR SPECIALTY	,,		TIME IN THIS CAPACI	TY (Total)	LAST SIX MONTHS
					*	,
	CLINICAL EV			very abnormality in de Continue in item 73		ent item number before each
NOR- MAL	(Check each item in umn; enter "NE"	it not evaluated.) MA	)R-)	Continue in item /3	and use additional s	oneers in necessary )
X	18. HEAD, FACE, NECK A		#29. Gr	ade II Syst	olic murm	ur, probably
x	19. NOSE -		fu	nctional. N	CD	
X	20. SINUSES	2.3	<b>L</b>		3	
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X	22. EARS-GENERAL (Int				•	·
X	23. DRUMS (Perforation)					<i>:</i>
X	24. EYES—GENERAL Winde	r ilems 59, 60 and 67)	-			•
X	25. OPHTHALMOSCOPIC	d agation)		•	,	
X	26. PUPILS (Equality and 27. OCULAR MOTILITY (4)	ssociated parallel move				
X	27. OCULAR MOTILITY me					
X	29. HEART (Thrust, size,	rhuthm sounds)				
х	30. VASCULAR SYSTEM (					
X	31. ABDOMEN AND VISCE		TIPO TO	RE		
_X_	32. ANUS AND RECTUM	Hemorrhoids, fistular) Prostate, if indicated)	ENCLOSU			
X	33. ENDOCRINE SYSTEM					
х	34. G-U SYSTEM					ر د م
x	35. UPPER EXTREMITIES	(Strength, range of motion)			0271	-97
X	36. FEET	(F12:0		61-40	00/6	1/
X	37. LOWER EXTREMITIES			Searched	in i Nast	72
X	38. SPINE, OTHER MUSC		_	10	AUG 21 19	963
_X	39. IDENTIFYING BODY M	ARNS, SCARS, TATTOOS	REC-	135		l
X	40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equility	heiner danks in der der Den		400		/
<u>X</u>	42. PSYCHIATRIC (Specific				AST VOTA	· · · · · · · · · · · · · · · · · · ·
_X	ļ			APMAN	A NO	Libones model
		VAGINAL RECTAL	en en kimblink	(Contin	v nue in item 73)	
	<del></del>	VAGINAL RECTAL	en en en en grantsprog	<del></del>	nue in item 73)	AND THE PROPERTY OF THE PROPER
	ENTAL (Place appropriate : -Restorable teeth		er of upper and lower teeth, res sing teeth	pectively.) $(6 \times 8) - Fixed bridge, bridge, bridge)$	. DEFECTS	AND ADDITIONAL DENTAL AND DISEASES
	Nonrestorable teeth	XXX-Rep	laced by dentures	include abutn	ients	
R	X 1 2 3 4	5 6 7 8	9 10 11 12		44 1	CD
Ġ ^	32 31 30 29				16 E	
	<b>X</b> 1 ^ .				X. T.	
-	,	:	LABORATORY	FINDINGS		
45. UF	RINALYSIS: "A: SPECIFIC GE	RAVITY 1.020	^		(Place, date, film numb	er and result)
B. ALE	BUMIN Neg	D. MICROSC	OPIC TO			#15845, Negat
C. SUG	GAR Neg	Ess	Negative		., 25, 55,	Mogac.
1	ROLOGY (Specify test used	'and result)" 3 48: EKG	y49. BLOOD TYPE AND	RH 50. OTHER TESTS	WBC 6.400	, Neuts 54, Ba
VD	RL: Non-rea	x 2 AUG 2	NE	1, Lymph	s 43, Mone	o 2, Hmt 48%,

PE. REC. UNIT

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4. SUMM	ARY OF DEF	ECTS AND DIA	GNOSES (1	lat dia	moses wit	lk item s	eum bera	)				,				-		
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## REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

																-		
			FIRST NAME—MIDDL					· ·			2. GRA	DE AND		NT OR POSITION	ON		3.	IDENTIFICATION NO.
TI	IR	EAD	GILL, BU	RNEY	•	J	r.			_				3-13				4303
	-		SS (Number, street o						٠.	- 1			EXAMINA	TION .			6.	DATE OF EXAMINATION
7	20	Gr	izzly Pe	ak B	1	vel	., Berk	eley, C	11.	•			ua 1					7/18/63
7. S	EX	8	. RACE	9. TOTA			GOVT, SERVICE	10. DEPARTMENT,	AGEN	CY,	OR SER	VICE		11. ORGANIZ				
	M_		W				CIVILIAN	FBI							1	rT	anc	SCO
		OF BIR	ľ					14. NAME, RELATIO	NSH	IP, A	ND ADI	PRESS O	F NEXT O					ъ. ре
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<i>i</i> . s	TAT	EMÉNT:	OF EXAMINEE'S PRESI	ENT HEALT	ни	WOW	N WORDS. (Four	w by description of	past	nist	ory, 15 c	omplat	nt exists)			-		
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N	0	kne	own healt	h pr	Ö	bl	em.											***
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3. F	АМП	Y HIST	ORY											D OR WIFE:	N (1	arc	nt, orothe	r, sister, other)
R	ELAT	ION	AGE, STATI	E OF HEALT	гн		IF DEAD,	CAUSE OF DEATH			E-AT ~	YES	NO	(Check	éaċ	h it	em)	RELATION(S)
FAT	HER	`					heart	& cance	r	;	79		X	HAD TUBERO	CULO	SIS		
МО	HER		67 no nr	oble	m								X	HAD SYPHIL	.IS		~~~	
SPO	USE						b6 -						X	HAD DIABET	ES .			
							.50						X	HAD CANCER	₹.			
BRC	THE	RS ,											X	HAD KIDNEY	TRO	บายเ	E	
-	MD												X	HAD HEART	TRO	UBLE	E	
SI	STEF	s							-				X	HAD STOMA	сн т	ROU	BLE	
													X	HAD RHEUM				
СНІ	DRE	N											X	HAD ASTHM	1A, I	ΉAΥ	FEVER.	
							. :						Х	HAD EPILEPS	() <sub>(</sub> Y	(il8)		
											. *		х	COMMITTED	SUK	IDE		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1				х	BEEN INSAN	E			
0. i	AVE	YOU EV	ER HAD OR HAVE YOU	u now (Pl	ace	chec	k at left of each its	:m) -										
YES	NO		(Check each item	2)	ES.	МО	(Check	each item)	YES	NO		(Chec	k each i	tem)	YES	NO	((	Check each item)
	;	SCARL	et fever. Erysipela	s '	•	١	GOITER .	0		ſ	TUMO	R. GRO	YTH, CYS	CANCER.		1	"TRICK"	OR LOCKED KNEE
		DIPHT	HERIA				TUBERCULOSIS				RUPTI	JRE					FOOT TE	OUBLE
	T	RHEU	MATIC FEVER				SOAKING SWEATS (Night sweats)			П	APPEN	DICITIS					NEURITI	· ·
		SWOL	LÉN OR PAINFUL JOIN	TS .			ASTHMA			П	PILES	OR REC	TAL DISE	SE			PARALY	SIS (Inc. infantile)
		MUMP	s .	- *			SHORTNESS OF E	REATH		П	FREQU	JENT OF	PAINFUL	URINATION		T	<b>EP!LEPS</b>	Y OR FITS
	T	WHCO	PING COUGH	,			PAIN OR PRESSUI	RE IN CHEST			KIDNE	Y STON	E OR BLO	DO IN URINE		1	CAR, TR	AIN, SEA, OR AIR SICKNESS
	T	FREQU	JENT OR SEVERE HEAD	DACHÉ		T	CHRONIC COUGH		$\Box$		SUGAI	R OR AL	BUMIN IN	URINE	-	$\sqcap$	FREQUE	NT TROUBLE SLEEPING
		DIZZI	NESS OR: FAINTING SPE	LLS	-		PALPITATION OR	POUNDING HEART	П	$\prod$	BOILS			:		П	FREQUEN	OR TERRIFYING NIGHTMARES
	7	EYE T	ROUBLE .				HIGH OR LOW B	LOOD PRESSURE			VENER	REAL DIS	EASE				DEPRES	SION OR EXCESSIVE WORRY
	T	EAR, N	IOSE OR THROAT TRO	UBLE			CRAMPS IN YOU	R LEGS	П	T	RECEN	IT GAIN	OR LOSS	OF WEIGHT		$\sqcap$	LOSS OF	MEMORY OR AMNESIA
	T	RÚNN	ING EARS				FREQUENT INDIG	ESTION		T	ARTH	RITIS OF	RHEUMA	TISM	Γ		BED.ME.	TTING
		CHRO	NIC OR FREQUENT COI	LDS			STOMACH, LIVER OF	INTESTINAL TROUBLE		T	BONE,	JOINT,	OR OTHER	DEFORMITY			NERVOU	S TROUBLE OF ANY SORT
		SEVER	RE TOOTH OR GUM TR	OUBLE		1	GALL BLADDER TRO	UBLE OR GALL STONES		1	LAME	NESS	٠		ļ.	IT	ANY DRI	UG OR NARCOTIC HABIT
		SINUS	ITIS		x	П	JAUNDICE 194	12 IN HRMY		+	LOSS	OF ARM,	LEG, FING	ER, OR TOE		H	EXCESS	VE DRINKING HABIT
	1	HAY_F	EVER		/-	1	ANY REACTION TO S	ERUM, DRUG OR		1	PAINFU	L OR "TR	ICK., SHOO	DER OR ELBOW	1-	1	HOMOSE	XUAL TENDENCIES
1. 1	IAVE	YOU E	VER (Check each	item)					22.	FEN	IALES C	NLY: A.	HAVE YO	J EVER-	B.	COM	PLETE TH	E FOLLOWING:
	6	WORN	GLASSES		<u> </u>	1	ATTEMPTED SUIC	IDE			BEEN	PREGNA	ŇŤ	-	Г		AGE AT	ONSET OF MENSTRUATION
	十		AN ARTIFICIAL EYE		_		BEEN A SLEEP W	ALKER			HAD A	VAGIN	AL DISCH	RGE .	T		INTERVA	AL BETWEEN PERIODS
	1		L'HEARING AIDS				LIVED WITH ANYON TUBERCULOSIS			_	<del></del>			LE DISORDER		<u>·</u>	DURATIO	ON OF PERIODS
	1		TERED OR STAMMERE	D		1	COUGHED UP BLO		5		<del></del>		MENSTRU	·	<u> </u>		DATE OF	LAST PERIOD
_	+		A BRACE OR BACK		-		BLED EXCESSIVELY TOOTH EXTRACTION	AFTER INJURY OR		_				TRUATION	QU	ANT	iŢΥ: Πα	ORMAL EXCESSIVE SCANTY
3. 4	low.	MANY J	OBS HAVE YOU HAD I	N THE	24.	WH	AT IS THE LONGES	T PERIOD YOU	25.	WH	AT IS Y	OUR US	UAL OCCU	PATION	<del>-</del>	26	. ARE YOU	(Check one) .
F	'AST	HREE	YEARST		• -	MO	LD ANY OF THESE NTHS	10031	١.	• ,		:		*			RIGHT	HANDED LEFT HANDED
						<del>, , ,</del>										٠		

Initials

ENCLOSURE 67-420376-97

16-62289-1

ES	NO	CHECK EACH ITEM YES OR NO. E	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	4	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	,	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
-		B. INABILITY TO FERFORM CERTAIN MOTIONS	
	1.	C. INABILITY TO ASSUME CERTAIN POSITIONS	
$\overline{}$	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	
:	1.	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-	
		STANCE?	
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
٠.		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
· · · ·	1	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS! (If yes, describe and give age at which occurred)	
*e.	1	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
•		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which ifinesses)	
4		37. HAVE YOU EVER EEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
		38- HAVE YOU EVER REEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS! (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or un- suitability)	
	-	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why	

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR FRINTED NAME OF EXAMINEE

BURNEY THREADGILL - JR DUTING 1W 40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in terms 20 thru 39)

Past history - NCD

SIGNATURIC

NUMBER OF ATTACHED SHEETS

# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee _	THREADGILL,	Burney,	Jr.
(Type or print)	Last	First	Middle
The following portio	ns of the attached examination	on report form need no	t be completed:
	2		68
•	3 17		69
	4 62		72
* •	9 65 1 67	*	76
1	07		
46. Is necessary un	less facilities for affording	same are not readily a	vailable.
48. Not required un	less examinee is over 35 yea	rs of age or examinati	on indicates such is
desirable.			
49. Is necessary un	lless facilities for affording s	same are not readily a	vailable.
applicants and accepted if the	minations should be afforded Special Agents. Applicants hearing loss exceeds a 15 do range (500, 1000, 2000 cycl	for the Special Agent ecibel average in each	position will not be
For All Examinees,	Whether Clerical or Special	Agent Applicants or E	mployees:
The medical examiner of	hould answer the following questio	*	
The medical examiner s	notice answer the joinowing question		* ***
Examinee 🛭	lack is not qualified for	strenuous physical e	xertion.
* 0		- 4	
To be Answered in t	the Case of All Male Employ	ees and Male Applicar	its:
	nave any defects restricting of erous assignments which mic		
X No Ye	es If "yes" please specify	defects.	
		**************************************	•
2. Does examinee h	nave any defects prohibiting	safe operation of moto	r vehicles?
	*		- 191
ĭ No ☐ Y	es If "yes" please specify	defects.	· · · · · · · · · · · · · · · · · · ·
	e de la companya de	· .	<u> </u>
test at ledist 20; examinee wear	of motor vehicles, Civil Serv 40 in one eye and 20/100 in corrective glasses while oper on is based on a factor other	the other, corrected o ating a motor vehicle?	r uncorrected. Should P Yes <b>X</b> No
KI PO S. T.	Will WAY 10	Mannet	04
	THE COLLEGE	4000016-	7/
- 7	HINDLONGIAM		

REC'D - ADMIN. DIV.

Desirable	Weight	Ranges	for	Males
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	1 23 Short Frame	<del>, i , j , j , , , , , , , , , , , , , , </del>	<u> </u>
Height	uc 23 Small Frame	Medium Frame	Large Frame
. 5' 4"	117 - 125	123 - 135	131 - 148
5′ 5″.	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5' 10"	:140 - 150	146 - 161	155 - 175
5 <b>'</b> 11 <b>"</b>	144 - 154	150 - 166	160 - 180
6 <b>′</b>	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6 <b>′</b> 2 <b>″</b>	156 - 167	163 - 181	174 - 195
6 <b>′</b> 3 <b>″</b>	160 - 171	168 - 186	178 - 200
6 <b>′</b> 4 <b>″</b>	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

_	· Type · · · · · · · · · · · · · · · · · · ·	E. L. Evan
116	5 m (1 × 5 ·	
Re	emarks:	
		gainpounds
5.	Under proper medical supervision, examinee should	losepounds
	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	e, and other individual physical characteristics  Excessive
3.	Examinee's frame is small medium	□ large

E. L. EVANS, LT MC USN
(Signature of Medical Examiner)

18 Jul 63

(Date)

San Francisco

SAC

In-Service: from	8/19/63	to_	8/30/63	·
Criminal		Accounting	<b>,</b>	
Security Basic		Expert Fir	earms-Defen	sive Tactio
Advance	<b>d</b>			
The firearms scores training record (FD-40).	The following	g grades wer		ield firear
Notebook — Examination — Shotgun Course #2 —		- 40 /0 m		
Rifle — Gun		90		*
Specialized Training:	Froi	n	То	
Admin. Firearms:				
			*	• •

9/3/63



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent; I am forwarding herewith (by Check. Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case, and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

## Official Bureau Name (please type or print) Office of Assignment (or SOG Division) San Francisco Burney Threadgill SA : The following person is designated as my beneficiary for Special Agents Insurance Fund: Relationship W11e Name (primary ber Address: 720 Grizzly Peak Blvd., Berkeley, Calif. Name (contingent beneficiary, if desired; use given first name if female) Address The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Name (primary beneficiary; use given first name if female) Relationship Address 720 Grizzly Peak Blvd., Berkeley Name (contingent beneficiary, if-desired; use given first name if female) Relationship Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

AUG 1 3 1963

L. Edgar, Hoover, Director

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

inecial Agent

a sect



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director : Fig. 7. Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir

För inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.T.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT I	BOTH COPIES TO THE	BUREAU		
Official Bureau Name (please type or print		Date	Office of Assignment (or SO	G Division)
SA BURNEY THRE	ADGILL JR	1-28-64	SAN FRANCI	اده .
The following person is designated as my	beneficiary for Special	Agents Insurance Fu		Name .
Name (primary beneficiary; use given first	name if female)	b6	Relationship WIFC	
Address 720 GR122U	1 PEAK 1	BLUD-, B	ERKELEY &	CALIF-
Name (contingent beneficiary, if desired; u	se given first name if t	emale)	Relationship	
The state of the s		<u> </u>		
Address				
The following person is designated beneficiary of agents killed in the line of a			Fund providing \$1500 death	benefit to
				*
Name (primary beneficiary: use given first	name if female)	_ b6	Relationship	je i
			WIFE	
720 GR1221		BLUD, 1	BERKELEY 8	(ALIF
Name (contingent beneficiary, if desired; u	se given first name if f	emale)	Relationship	
Address				
		Very truly	yours,	9 10
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57-NUF KECOKIE	J, Edgar Hoover, D	virector		60 (Cg)
2 MAR 4 1964				

FEDERAL BUREAU OF INVESTIGATION (UNITED STATES DEPARTMENT OF JUSTICE

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		REPORT OF PERF	ORMANCE RA	TING	
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N (F 1	F	V BURNEY THREADGIL	.I. TR.		
Name of Emplo	yee:			<u>: : : : : : : : : : : : : : : : : : : </u>	*-
		SAN FRANCISCO			
Where As	ssigned:	(Division)		(Section, Un	;+)
				(Section, On	
Official Po	sition Title:	SPECIAL AGENT, G	S-13		
an	d Grade				
Rating Period:	from	April 1, 1963	to	March 31,	1964
Raing Feriod:	110111				
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ADIFCTIVE 1	RATING:	EXCELI	ENT		Empl Init
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	RATING:	Outstanding, Excel	Super	rvisor	3/31/64 Date 3/31/64
Rated by:	RATING:	Outstanding, Excel	b6 Super	rvisor Title	3/31/64 Date 3/31/64
Rated by:	Sys	Signature Signature Signature Signature	Super SAC	rvisor Title Title	3/31/64 Date 3/31/64 APR 28
Rated by: Reviewed by:	Sys	Outstanding, Excel	Super SAC	rvisor Title	3/31/64 Date 3/31/64



(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL,	JR. Title Special Agent, GS-13
	Rating Period: from 4/1/63 to 3/31/64
RATING GUIDE	AND CHECK-LIST
Note: Only those items having pertinent bearing on employee's performa Rate items as follows:	ance should be rated. All employees in same salary grade should be compared.
Outstanding (exceeding excellent and deserving of special commendation)	ation).
Excellent. Satisfactory (good or very good).	
Unsatisfactory	,
O No opportunity to appraise performance during rating period.	
Guide for determining adjective rating:  1. "Outstanding" adjective rating requires (A) that all rated elements be "\(\perp \)"."	and (B) that <u>each and every</u> rated element be <u>factually</u> justified by narrative detail on
reverse of Form FD-185.  2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend mechanical formulas; however, for an employee to be rated "Excellent" he r	upon the composite result of evaluating all rated elements rather than following any must not be rated unsatisfactory on any performance evaluation factors on the rating ne majority of such rating factors. Good judgment must be exercised to insure that ments.
(1) Personal appearance.	(17) Fire all skiller
(1) Personal appearance. (2) Personality and effectiveness of his personal contacts.	(17) Firearms ability.  (18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty,	(19) Reporting ability:
enthusiasm, amenability and willingness to equitably share work load).	(a) Investigative reports
(4) Physical fitness (including health, energy, stamina).	(b) Summary reports (c) Memos, letters, wires
(5) Resourcefulness and ingenuity.	(Consider:conciseness;clarity;organization;
(6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper	thoroughness;accuracy;adequacy and perti-
conclusions, ability to define objectives.	nency of leads;administrative detail.)  (20) Performance as a witness.
(8) Initiative and the taking of appropriate action on own	(21) Executive ability:
responsibility.  E (9) Planning ability and its application to the work.	(a) Leadership
(10) Accuracy and attention to pertinent detail.	(b) Ability to handle personnel (c) Planning
(11) Industry, including energetic, consistent application to duties.	(d) Making decisions
(12) Productivity, including amount of acceptable work produced	(e) Assignment of work (f) Training subordinates
and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is	(f) Haining subordinates (g) Devising procedures
attributable to causes beyond employee's control.	(i) Promoting high morale
(13) Knowledge of duties, instructions, rules and regulations, in-	(i) Getting results
cluding readiness of comprehension and "know how" of application.	(22) Ability on raids and dangerous assignments:
(14) Technical or mechanical skills.	(a) As leader (b) As participant
(15) Investigative ability and results:	(23) Organizational interest, such as making of suggestions for
(a) Internal security cases (b) Criminal or general investigative cases	improvement.
(c) Fugitive cases	(24) Ability to work under pressure.  (25) Miscellaneous. Specify and rate:
(d) Applicant cases	Dictation ability
(16) Physical and Physical Action	
T. (16) Physical surveillance ability.  A. Specify general nature of assignment during most of rating period (such	h as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
tor, etc.):	
B. Specify employee's most noteworthy special talents (such as investigator,  Investigator	desk man, research, instructor, speaker):
C. (1) Is employee available for general assignment wherever needs of serv (2) Is employee available for special assignment wherever needs of servi	nce require? Yes (If answer is not "yes," explain in narrative comments.) ce require? Yes (If answer is not "yes," explain in narrative comments.)
for illness) during rating period than the amount of sick leave earner narrative comments.)	1? No 2. Has employee used more sick leave (including annual leave or LWOP d during such period? No (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official If answer is "yes," personnel file must reflect the following: (a) physically fit to drive. (c) Past safe driving record OK or has passe	Has valid State or local operator's license for type vehicle he is to use. (b) is
ADJECTIVE RATING: EXCELLENT Outstanding Excellent Satisfactory I	Insatisfactory EMPLOYEE'S INITIALS

San Francisco, California March 31, 1964

ADDENDUM:

Name:

BURNEY THREADGILL, JR.

Position:

Special Agent

Grade:

GS-13

## PART I. GENERAL COMMENTS

SA THREADGILL has a very warm personality, is wellregarded by his fellow employees and by the public, dresses in a very neat, businesslike manner, and makes an overall excellent personal appearance. are no limitations on his availability and there are no physical limitations affecting his performance. SA THREADGILL has the ability to participate in raids and dangerous assignments. | SA THREADGILL is assigned to the Security-C Squad as a Resident Agent at Berkeley, California. He has displayed initiative, resourcefulness and enthusiasm in an attempt to develop more informant coverage in the area covered by his Resident Agency. In addition to his security assignments. SA THREADGILL frequently handles criminal and applicant type cases and these are handled in an excellent manner. Much of SA THREADGILL's work involves the investigation of the Socialist Workers Party and factionalist type individuals who have some connection with the University of California at Berkeley. These investigations are most delicate and demand the exercise of excellent judgment and ingenuity. SA THREADGILL in these investigations has demonstrated his ability to handle complicated investigative matters with a minimum of supervision. By letter dated 6/3/63 the Director commended Agents of this Office who participated in an investigation which provided valuable information to the Bureau concerning a secret meeting of Communist Party youth. SA THREADGILL was one of the Agents who participated in this investigation. SA THREADGILL is entitled to a rating of excellent.

Initials

#### PART II. SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given

Not applicable.

2. Experience and Ability as Inspector's Aide

Not applicable.

3. Participation in Informant Program

SA THREADGILL developed three potential security informants during the rating period. He continues to handle one security informant who is a member of the Young Socialist Alliance (YSA) and Socialist Workers Party (SWP) and one potential security informant. SA THREADGILL has done an excellent job in connection with the informant program.

4. Testifying Experience and Ability

SA THREADGILL has not testified during this rating period but has testified numerous times in the past in a competent manner.

5. Disciplinary Action

Not applicable.

Initials

6. Accounting Information

Not applicable.

7. Police Instruction

Not applicable.

8. Sound Training

Not applicable.

## 9. Resident Agents

SA THREADGILL is an above-average Agent who is wellexperienced and can handle any assignment in an excellent manner. He is, therefore, well-suited for his assignment as a Resident Agent at Berkeley, California.

notials.

10. Foreign Language Ability

Not applicable.

### Administrative Advancement 11.

- Interested in (Yes )(NoXXXX)
  Completely available for (Yes )(No (a,)
- (b.)
- Considered completely qualified at present (c,) for administrative advancement including experience, ability, personality, and
- appearance(Yes )(No )

  If answer to (c.) is "Yes," would you consider his qualifications very good excellent outstanding
- If answer to (c.) is "No," does he have potential (e,) for future administrative advancement? (Yes\_\_\_)(No\_\_\_)

EXCELLENT RATING:

Initials

NAME: LAST, FIR:	T, MIDDLE					SOCIAL SECURIT	Y NUMBER
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FD-253 (Rev. 10-15-63)



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

### In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Special Agents Insurance Fund

JUN 1 1964

J. Edgar Hoover, Director

1964

Dear Sir;

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the 'Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division
Burney Threadgill, jr.	5/18/64	San Francisco
he following person is designated as my beneficiary for Sp	pecial Agents Insurance	Fund:
Jame (primary honoficiary use given first name if female)	b6	Relationship <b>wife</b>
720 Grizzly Peak Blvd., Be	rkeley, Calif	ornia
Name (contingent beneficiary, if desired; use given first na	me if female)	Relationship
Address		
The following person is designated as my beneficia eneficiary of agents killed in the line of duty, other than t		oss Fund providing \$1500 death benefit to
eneficiary of agents killed in the line of duty, other than t	travel accidents.	
peneficiary of agents killed in the line of duty, other than t		Relationship
Name (primary beneficiary; use given first name if female)	travel accidents.	
The following person is designated as my beneficial peneficiary of agents killed in the line of duty, other than to Name (primary beneficiary; use given first name if female)  Address  720 Grizzly Peak Blvd., Berk	b6	Relationship wife
Name (primary beneficiary; use given first name if female) Address	b6  celey, Califor	Relationship wife
Name (primary beneficiary; use given first name if female)  Address  720 Grizzly Peak Blvd., Berk	b6  celey, Califor	Relationship wife
Name (primary beneficiary; use given first name if female)  Address  720 Grizzly Peak Blvd., Berk Name (contingent beneficiary, if desired; use given first na	b6  Celey, Califor ume if female)	Relationship wife

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PORT OF MEDICAL EXAMINATION

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THREADGILL, Burney		d:State)	Special 5. PURPOSE OF EXAM		6. DATE OF EXAMINATION
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### EPORT OF MEDICAL HISTORY.

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89-103 FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHOWIZED PERSONS THIS INFORMATION 3. IDENTIFICATION NO. 1. LAST NAME-FIRST NAME-MIDDLE NAME 2. GRADE AND COMPONENT OR POSITION THREADGILL BURNEY
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) THREADGILL FBI 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 420 GRIZZLY ANNUAL 10. AGENCY 11. ORGANIZATION UNIT 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 2 FB1 SAN FRANCISCO 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN 12. DATE OF BIRTH BILOXI-15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U. S. NAVAL HOSPITAL, OAKLAND, CALIF.,

17. STATEMENT OF EXAMINEE'S PRESENT, HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

RELATION AGE STATE OF HEALTH IF DEAD, CAUSE OF DEATH  PATHER  MOTHER DY  MOTHER  MOTHER DY  MOTHER  MOTHER DY  MOTHER  MOTHER DY  MOTHER  MOT	18 5	3411	V HISTORY			* * * * * * * * * * * * * * * * * * * *							N (A	are	nt, brother	, sister, other)
FATHER MOTHER MAD CANCER FATUE/ MAD CANCER WAD HAD PLANT TROUBLE  WAD REART TROUBLE MAD CANCER FATUE/ MAD CANCER MAD CANCER FATUE/ FATUE/ MAD CANCER F				TU		IE DEAD CAUSE OF DEATH	Т			1.					o.m)	PELATION(S)
SPOUSE    HAD GAMEER   HAD CAMEER   HAD CAME			ION AGE STATE OF HEAL	LIM			-			11.5		-			<i>E111)</i>	RELATION(S)
BROTHERS AND SISTERS CHILDREN  WHAD CANCER  HAD CANCER			9 94			HEART & CANCER	_		0	-		<u> </u>		515		· · · · · · · · · · · · · · · · · · ·
BROTHERS AND SISTERS SITERS  CHILDREN  LAD REARCH TROUBLE  LAD STORMACH TROUBLE  LAD REQUEST TROUBLE  LAD REQUEST TROUBLE  LAD REQUEST TROUBLE  LAD REQUEST MATERIALS  COMMITTED SUICIDE  BEEN INSARE  TOOT TROUBLE  TOOT TROUBLE  PRALYSIS (TRC. Infunitie)  PREQUENT OR SEVERE HEADACHE  CHRONIC COUGH  DISTRIBUTION INGERTIALS  CHRONIC COUGH  DISTRIBUTION INGERTIALS  CHRONIC COUGH  DEPRESSION OR EXCESSIVE WORRS  RECENT GAIN OR LOSS OF WEIGHT  LOSS OF MEMORY OR ANNESSA  CHRONIC OR TREQUENT TROUBLE SLEEPING  RECENT GAIN OR LOSS OF WEIGHT  LOSS OF MEMORY OR ANNESSA  CHRONIC COUGH OR MEXTERNITION  REPURSION OR GENCESSIVE WORRS  CHRONIC COUGH OR MEXTERNITION  RECENT GAIN OR LOSS OF WEIGHT  LOSS OF MEMORY OR ANNESSA  CHRONIC COUGH OR MEXTERNITION  REPURSION OR GENCESSIVE WORRS  RECENT GAIN OR LOSS OF WEIGHT  LOSS OF MEMORY OR ANNESSA  CHRONIC COUGH OR MEXTERNITION  REPURSION OR GENCESSIVE WORRS  RECENT GAIN OR			<u> </u>							<u> </u>			_			
SISTERS  CHILDREN  HAD RIDWAY TROUBLE  HAD PROMISE TROUBLE  HAD PROMISE TROUBLE  HAD RIDWAY TROUBLE  HAD RIDWAY TROUBLE  HAD REPRESENTED  AND	SPOU	SE				*	-			<u> </u>	<u> </u>					
SISTERS  CHILDREN  AND STOMACH TROUBLE  AND ASTRIMA, TAY FEVER,  AND CHARLES AND ASTRIMA, TO						\ :	,			1				,		<b>FATHER</b>
SISTERS    HAD STOMACH TROUBLE     HAD HAD STOMACH TROUBLE     HAD PASTMAN, ANY PEVER     HAD PASTMAN     HAD PASTMAN, ANY PEVER     HAD PASTMAN, ANY PERFORMAN     HAD PASTMAN, ANY PEVER     HAD PASTMAN MENTAL PION PERFORMS     HAD PASTMAN MENTAL PROPRIED     HAD	BRO	HEF	RS			*					سن	HAD KIDNEY	TRO	UBL	E .	
CHILDREN    HAD RHEUMATISM (Arthritis)	Α	ND					¥			1		HAD HEART	TRO	UBLE	=	<u> </u>
CHILDREN    AD ASTHMA. HAY FEVER.	SIS	TER	s			* .	V			<u> </u>	٠	HAD STOMA	сн т	ROU	BLE	
AND PRILEPSY (Fits)  AND PRILEPSY (Fits)  COMMITTED SUICIDE  COMMITTED						,		/.			٠.	_				-
ZO. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)  YES NO 4 (Check each item) YES NO (Check each item)  X SCARLET FEVER, ERYSIPELAS  X GOTTER  X TUMOR, GROWTH, CYST, CANCER  X TUMOR, GROWTH, CYST, CANCER  X TRICK, OR LOCKED KNEE  FOOT TROUBLE  F	CHIL	DRE	N .					./	٧.				1A, 1	HAY	FEVER.	
DEEN INSANE    Check each item)   YES   NO   (Check each item)	_					3			1		=	HAD EPILEPS	SY (	Fits)		
20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)  YES NO									1		س	COMMITTED	SUIC	CIDE		
YES NO											ست	BEEN INSANI	E			
SCARLET FEVER, ERYSIPELAS    DIPHTHERIA	20. H	١٧E	YOU EVER HAD OR HAVE YOU NOW ( F	Place	e che	ck at left of each item)	_ '		1			<u> </u>	-			
DIPHTHERIA  TUBERCULOSIS  RUPTURE  RHEUMATIC FEVER  (Night sweats)  ASARING SWEATS  (Night sweats)  ASTHMA  PILES OR RECTAL DISEASE  PARALYSIS (Inc. in/antile)  PARALYSIS (Inc. inc. inc. inc.  PARALYSIS (Inc. inc. inc. inc.  PARALYSIS (Inc. inc. inc. in	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO		(Check	each.	item)	YES	NO	((	Check each item)
RHEUMATIC FEVER  SONLING SWEATS  SWOLLEN OR PAINFUL JOINTS  ASTHMA  PAIN OR PRESSURE IN CHEST  WHOOPING COUGH  WELL TO BOILS  FREQUENT OR PAINFUL URINATION  CAR, TRAIN, SEA, OR AIR SICKNESS  BOILS  FREQUENT TROUBLE SLEEPING  FREQUENT TROUBLE SLEEPING  PARLYSIS (Inc., in/antile)  CAR, TRAIN, SEA, OR AIR SICKNESS  SUGAR OR ALBUMIN IN URINE  FREQUENT TROUBLE SLEEPING  FREQUENT OR TERRIPYING NIGHTMARES  DEPRESSION OR EXCESSIVE WORN  WEREAL DISEASE  DEPRESSION OR EXCESSIVE WORN  ARTHRITIS OR RHEUMATISM  BED WETTING  BED WETTING  NEWOUS TROUBLE OF ANY SORT  ANY DRUG OR NARCOTIC HABIT  LOSS OF REMORY OR NARCOTIC HABIT  WORN OR GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AND WE VERY CHECK CACH STORM  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BLOEP SECESSIVELY AFTER INJURY OR  BLOEP SECESSIVE MERTER INJURY OR  BLOEP SECESSIVELY AFTER INJURY OR  BLOEP SECESSIVE MERTER INJURY OR  BLOEP SECESSIVE AFTER INJURY OR  BLOEP SECOND  BATTER TO ARC		~	SCARLET FEVER, ERYSIPELAS		×	GOITER .		5	TUMO	OR, GROW	TH, CYS	T, CANCER		X	"TRICK"	OR LOCKED KNEE
SWOLLEN OR PAINFUL JOINTS	-	Ì	DIPHTHERIA		1	TUBERCULOSIS	-	1	RUPT	URE			<u> </u>	T	FOOT TR	OUBLE
SWOLLEN OR PAINFUL JOINTS  ASTHMA  PILES OR RECTAL DISEASE  PARALYSIS (Inc., in/antile)  PARALYSIS (Inc	-	H	RHEUMATIC FEVER	t	$\dagger \dagger$	SOAKING SWEATS		1	APPE	NDICITIS			_	1	NEURITI	<u> </u>
MUMPS  SHORTNESS OF BREATH  FREQUENT OR PAINFUL URINATION  PAIN OR PRESSURE IN CHEST  KIDNEY STONE OR BLOOD IN URINE  CAR, TRAIN. SEA, OR AIR SICKNESS  FREQUENT OR SEVERE HEADACHE  CHRONIC COUGH  DIZZINESS OR FAINTING SPELLS  PALPITATION OR POUNDING HEART  BOILS  FREQUENT OR TERRIFYING NIGHTMARES  EYE TROUBLE  HIGH OR LOW BLOOD PRESSURE  VENEREAL DISEASE  DEPRESSION OR EXCESSIVE WORN  RUNNING EARS  FREQUENT INDIGESTION  ARTHRITIS OR RHEUMATISM  BED WETTING  NERVOUS TROUBLE OF ANY SORT  ANY DRUG OR NARCOTIC HABIT  SINUSITIS  JAUNDICE  HAY FEVER  JAY REACTION TO SERUM, DRUG OR  MEDICINE  WORN GLASSES  ATTEMPTED SUICIDE  BEEN A SLEEP WALKER  WORN AN ARTHRITICAL EYE  BEEN A SLEEP WALKER  WORN A BRACE OR BACK SUPPORT  BLEED XCESSIVE WHO PAINFUL WRINNING  BELD WETTING  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  AGE AT ONSET UP HENDELIES  LIVED WITH ANY ONE WHO HAD  TUBER CLUSS OF AFTEN LEG SORDER  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  DATE OF FILEDS  DATE TROUBLE SLEEPING  CAR, TRAIN, SEA, OR AIR SICKNESS  DEPRESSION OR EXCESSIVE WORN  ARTHRITIS OR PREQUENT OR DEPRESSION OR EXCESSIVE WORN  ARTHRITIS OR RHEUMATISM  BED WETTING  NERVOUS TROUBLE OF ANY SORT  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  AGE AT ONSET OF MENSTRUATION  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  JAN THE ACTION TO PERIODS  SELECT TO BE A SELECT WITH ANY ONE WHO HAD  TUBER CLUSS WE HAVE A FIRE RIDURY OR  HAD IRREGULAR MENSTRUATION  DATE OF LAST PERIOD  JOHN LIVE WITH ANY ONE WHO HAD  TOOM HE STREAM FOR THE MARCON THE RIDURY OR  HAD IRREGULAR MENSTRUATION  QUANTITY: NORMAL DEXESS LICENS  SCAN.	-		SWOLLEN OR PAINFUL JOINTS		+			$\dagger$	PILES	OR RECT	AL DISE	ASE	10.00		PARALYS	GIS (Inc. infantile)
FREQUENT OR SEVERE HEADACHE  CHRONIC COUGH  DIZZINESS OR FAINTING SPELLS  PALPITATION OR POUNDING HEART  BOILS  EYE TROUBLE  HIGH OR LOW BLOOD PRESSURE  CRAMPS IN YOUR LEGS  RECENT GAIN OR LOSS OF WEIGHT  CHRONIC OR FREQUENT COLDS  TOWNING EARS  CHRONIC OR FREQUENT COLDS  STOMACH, LIVER OR INTESTINAL TROUBLE  SINUSITIS  JAUNDICE  HAY FEVER  WORN GLASSES  ATTEMPTED SUICIDE  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WAREN  CHRONIC OF BLOOD  HAD A VAGINAL DISCHARGE  WORN A BRACE OR BACK SUPPORT  BILD EXCESSIVE DRINKING HABD  FREQUENT TROUBLE SLEEPING  NEXCESSIVE WORN AMESIA  BED WEIGHT  ARTHRITIS OR RHÈUMATISM  NERVOUS TROUBLE OF ANY SORT  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  EXCESSIVE DRINKING HABIT  ANY DRUG OR NARCOTIC HABIT  BED WECKESIVE NUMBER  BED WETTING OR NARCOTIC HABIT  ANY DRUG OR NARCOTIC H	-		MUMPS		$\dagger \dagger$	SHORTNESS OF BREATH	-	$\dagger$	FREQ	UENT OR	PAINFUL	URINATION	<u> </u>	$I^-$		
DIZZINESS OR FAINTING SPELLS  PALPITATION OR POUNDING HEART  EYE TROUBLE  HIGH OR LOW BLOOD PRESSURE  VENERAL DISEASE  DEPRESSION OR EXCESSIVE WORRY  RECENT GAIN OR LOSS OF WEIGHT  LOSS OF MEMORY OR AMNESIA  RECENT GAIN OR LOSS OF WEIGHT  RUNNING EARS  FREQUENT INDIGESTION  ARTHRITIS OR RHEUMATISM  BED WETTING  NERVOUS TROUBLE OF ANY SORT  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  SEVERE TOOTH OR GUM TROUBLE  GALL BLADDER TROUBLE OR GALL STONES  LAMENESS  LAMENESS  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  HOMOSEXUAL TENDENCIES  1. HAVE YOU EVER (Check each item)  WORN GLASSES  ATTEMPTED SUICIDE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  WORN HEARING AIDS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCANSING SCANSIN	1		WHOOPING COUGH	╁-	+	PAIN OR PRESSURE IN CHEST		$\dagger$	KIDNI	EY STONE	OR BLO	OD IN URINE	-		CAR, TR	AIN, SEA, OR AIR SICKNESS
EYE TROUBLE  HIGH OR LOW BLOOD PRESSURE  CRAMPS IN YOUR LEGS  RECENT GAIN OR LOSS OF WEIGHT  RUNNING EARS  CRAMPS IN YOUR LEGS  RECENT GAIN OR LOSS OF WEIGHT  CHRONIC OR FREQUENT COLDS  SEVERE TOOTH OR GUM TROUBLE  SINUSITIS  JAUNDICE  LOSS OF MEMORY OR AMNESIA  BED WETTING  NERVOUS TROUBLE OF ANY SORT  LAMENESS  LAMENESS  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  WAY FEVER  JAUNDICE  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  WORN A BRACE OR BACK SUPPORT  HAD INTERCULAR MENSTRUATION  DATE OF LAST PERIOD  SCANNING  WORN A BRACE OR BACK SUPPORT  HAD IRREGULAR MENSTRUATION  QUANTITY: ORMAL DECESSIVE OR AMNESIA  LOSS OF WEIGHT  LOSS OF MEMORY OR AMNESIA  BED WETTING  NERVOUS TROUBLE OF ANY SORT  LAMENESS  LAMENESS  LAMENESS  LOSS OF MEMORY OR AMNESIA  BED WETTING  NERVOUS TROUBLE OF ANY SORT  ANY PREACTION TO SERUM, DRUG OR  PAINFUL OR "TRICK" SHOULDER OR ELBOW  HOMOSEXUAL TENDENCIES  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCANNING  SCANNING  SANNING  ANY PREACTION TO SEVEN OR AMNESIA  LOSS OF WEIGHT  LOSS OF WEIGHT  LOSS OF WEIGHT  LOSS OF MEMORY OR AMNESIA  BED WETTING  BEEN TRICK" SHOULDER OR ELBOW  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCANNING  SCANNING  COUGHED UP BLOOD  HAD PRIVE WETCH  HAD PRIVE WETCH  LOSS OF WEIGHT  LOSS OF WEIGHT  LOSS OF AMNESIA  BED WETTING  LOSS OF ARM, LEG, FINGER, OR TOE  LAMENESS  LAM			FREQUENT OR SEVERE HEADACHE		$\dagger \dagger$	CHRONIC COUGH		$\dagger$	SUGA	R OR ALE	UMIN IN	URINE	1	T	FREQUE	T TROUBLE SLEEPING
EYE TROUBLE  HIGH OR LOW BLOOD PRESSURE  CRAMPS IN YOUR LEGS  RECENT GAIN OR LOSS OF WEIGHT  RUNNING EARS  CRAMPS IN YOUR LEGS  RECENT GAIN OR LOSS OF WEIGHT  CHRONIC OR FREQUENT COLDS  SEVERE TOOTH OR GUM TROUBLE  SINUSITIS  JAUNDICE  LOSS OF MEMORY OR AMNESIA  BED WETTING  NERVOUS TROUBLE OF ANY SORT  LAMENESS  LAMENESS  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  WAY FEVER  JAUNDICE  LOSS OF ARM, LEG, FINGER, OR TOE  EXCESSIVE DRINKING HABIT  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  WORN A BRACE OR BACK SUPPORT  HAD INTERCULAR MENSTRUATION  DATE OF LAST PERIOD  SCANNING  WORN A BRACE OR BACK SUPPORT  HAD IRREGULAR MENSTRUATION  QUANTITY: ORMAL DECESSIVE OR AMNESIA  LOSS OF WEIGHT  LOSS OF MEMORY OR AMNESIA  BED WETTING  NERVOUS TROUBLE OF ANY SORT  LAMENESS  LAMENESS  LAMENESS  LOSS OF MEMORY OR AMNESIA  BED WETTING  NERVOUS TROUBLE OF ANY SORT  ANY PREACTION TO SERUM, DRUG OR  PAINFUL OR "TRICK" SHOULDER OR ELBOW  HOMOSEXUAL TENDENCIES  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCANNING  SCANNING  SANNING  ANY PREACTION TO SEVEN OR AMNESIA  LOSS OF WEIGHT  LOSS OF WEIGHT  LOSS OF WEIGHT  LOSS OF MEMORY OR AMNESIA  BED WETTING  BEEN TRICK" SHOULDER OR ELBOW  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCANNING  SCANNING  COUGHED UP BLOOD  HAD PRIVE WETCH  HAD PRIVE WETCH  LOSS OF WEIGHT  LOSS OF WEIGHT  LOSS OF AMNESIA  BED WETTING  LOSS OF ARM, LEG, FINGER, OR TOE  LAMENESS  LAM			DIZZINESS OR FAINTING SPELLS	1	11	PALPITATION OR POUNDING HEART		$\dagger$	BOILS				Г	1	FREQUENT	OR TERRIFYING NIGHTMARES
RUNNING EARS  FREQUENT INDIGESTION  ARTHRITIS OR RHEUMATISM  BED WETTING  NERVOUS TROUBLE OF ANY SORT  SEVERE TOOTH OR GUM TROUBLE  GALL BLADDER TROUBLE OR GALL STONES  LAMENESS  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG. FINGER, OR TOE  HAY FEVER  ANY REACTION TO SERUM, DRUG OR  ANY REACTION TO SERUM, DRUG OR  PAINFUL OR "TRICK" SHOULDER OR ELBOW  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN HEARING AIDS  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BIED EXCESSIVE DRINKING HABIT  HOMOSEXUAL TENDENCIES  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCAN	-	П		1:	$\forall t$	HIGH OR LOW BLOOD PRESSURE	_	$\dagger \dagger$	VENE	REAL DISI	EASE		H	۲	DEPRESS	SION OR EXCESSIVE WORRY
RUNNING EARS  FREQUENT INDIGESTION  ARTHRITIS OR RHEUMATISM  BED WETTING  NERVOUS TROUBLE OF ANY SORT  SEVERE TOOTH OR GUM TROUBLE  GALL BLADDER TROUBLE OR GALL STONES  LAMENESS  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG. FINGER, OR TOE  HAY FEVER  ANY REACTION TO SERUM, DRUG OR  ANY REACTION TO SERUM, DRUG OR  PAINFUL OR "TRICK" SHOULDER OR ELBOW  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN HEARING AIDS  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BIED EXCESSIVE DRINKING HABIT  HOMOSEXUAL TENDENCIES  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  SCAN	-	Ħ	EAR, NOSE OR THROAT TROUBLE	H		CRAMPS IN YOUR LEGS	$\vdash$	$\sqcap$	RECE	NT GAIN (	OR LOSS	OF WEIGHT	$\vdash$	1	LOSS OF	MEMORY OR AMNESIA
CHRONIC OR FREQUENT COLDS  STOMACH, LIVER OR INTESTINAL TROUBLE  SEVERE TOOTH OR GUM TROUBLE  GALL BLADDER TROUBLE OR GALL STONES  LAMENESS  LAMENESS  LAMENESS  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG. FINGER, OR TOE  ANY DRUG OR NARCOTIC HABIT  LOSS OF ARM, LEG. FINGER, OR TOE  EXCESSIVE DRINKING HABIT  HOMOSEXUAL TENDENCIES  1. HAVE YOU EVER (Check each item)  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  WORN HEARING AIDS  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BELD EXCESSIVE DRINKING HABIT  HOMOSEXUAL TENDENCIES  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  FIGHT TOOTH EXTRACTION  NERVOUS TROUBLE OF ANY SORT  ANY DRUG OR NARCOTIC HABIT  HOMOSEXUAL TENDENCIES  BEEN PERGNANT  AGE AT ONSET OF MENSTRUATION  DURATION OF PERIODS  DURATION OF PERIODS  STUTTERED OR STAMMERED  OUT OF LEXTESSIVE OF SCAN	-	$\dagger$		l.			1	H	-		<del></del>		-	+		
SINUSITIS  JAUNDICE  ANY REACTION TO SERUM, DRUG OR  HAY FEVER  ANY REACTION TO SERUM, DRUG OR  PAINFUL OR "TRICK" SHOULDER OR ELBOW  HOMOSEXUAL TENDENCIES  21. HAVE YOU EVER (Check each item)  22. FEMALES ONLY: A. HAVE YOU EVER—  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BLED EXCESSIVELY AFTER INJURY OR  HAD IRREGULAR MENSTRUATION  QUANTITY: NORMAL DEXCESSIVE SCAN		1		-	1			$\forall$	1		<del>}</del>		1	$\dagger$	NERVOU	S TROUBLE OF ANY SORT
SINUSITIS  JAUNDICE  ANY REACTION TO SERUM, DRUG OR  HAY FEVER  ANY REACTION TO SERUM, DRUG OR  PAINFUL OR "TRICK" SHOULDER OR ELBOW  HOMOSEXUAL TENDENCIES  21. HAVE YOU EVER (Check each item)  22. FEMALES ONLY: A. HAVE YOU EVER—  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  LIVED WITH ANYONE WHO HAD  TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BLED EXCESSIVELY AFTER INJURY OR  HAD IRREGULAR MENSTRUATION  QUANTITY: NORMAL DEXCESSIVE SCAN	-	$\parallel$		t	++		-	$\dagger$	+				$\vdash$	1	ANY DR	JG OR NARCOTIC HABIT
21. HAVE YOU EVER (Check each item)  22. FEMALES ONLY: A. HAVE YOU EVER—  WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  LIVED WITH ANYONE WHO HAD TUBERCULOSIS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BLEED EXCESSIVELY AFTER INJURY OR  HAD IRREGULAR MENSTRUATION  QUANTITY: NORMAL DEXCESSIVE SCAN		1	<del></del>	1	-			$\Box$			LEG, FIN	GER, OR TOE	$\vdash$	$  \uparrow  $	EXCESSI	VE DRINKING HABIT
21. HAVE YOU EVER (Check each item)  22. FEMALES ONLY: A. HAVE YOU EVER—B. COMPLETE THE FOLLOWING:  WORN GLASSES  ATTEMPTED SUICIDE BEEN PREGNANT AGE AT ONSET OF MENSTRUATION WORN AN ARTIFICIAL EYE BEEN A SLEEP WALKER HAD A VAGINAL DISCHARGE INTERVAL BETWEEN PERIODS  WORN HEARING AIDS LIVED WITH ANYONE WHO HAD TUBERCULOSIS STUTTERED OR STAMMERED COUGHED UP BLOOD HAD PAINFUL MENSTRUATION DATE OF LAST PERIOD WORN A BRACE OR BACK SUPPORT BEED EXCESSIVELY AFTER INJURY OR HAD IRREGULAR MENSTRUATION QUANTITY: NORMAL DEXCESSIVE SCAN		,	HAY FEVER	Ť	1.	ANY REACTION TO SERUM, DRUG OR		V	PAINF	JL OR "TRI	ck"shou	LDER OR ELBOW	H	d	HOMOSE	XUAL TENDENCIES
WORN GLASSES  ATTEMPTED SUICIDE  BEEN PREGNANT  AGE AT ONSET OF MENSTRUATION  WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  WORN HEARING AIDS  LIVED WITH ANYONE WHO HAD TUBERCULOSIS  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION  HAD IRREGULAR MENSTRUATION  QUANTITY: \[ \begin{array}{  \text{DORNAL} \\ \expressive} \expression \text{SCASSIVE} \\ \expression \text{SCANSIVE} \\ \expression \\ \expression \text{SCANSIVE} \\ \expression \text{SCANSIVE} \\ \expression \\ \expression \text{SCANSIVE} \\ \expression \text{SCANSIVE} \\ \expression \text{SCANSIVE} \\ \expression \\ \expres	21. H	ANE A	YOU EVER (Check each item)		-	-	22.	. FE	MALFS	ONLY: A.	HAVE YO	U EVER—	В.	COM	PLETE TH	E FOLLOWING:
WORN AN ARTIFICIAL EYE  BEEN A SLEEP WALKER  HAD A VAGINAL DISCHARGE  INTERVAL BETWEEN PERIODS  LIVED WITH ANYONE WHO HAD TUBERCULOSIS  BEEN TREATED FOR A FEMALE DISORDER  DURATION OF PERIODS  STUTTERED OR STAMMERED  COUGHED UP BLOOD  HAD PAINFUL MENSTRUATION  DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT  BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION  HAD IRREGULAR MENSTRUATION  QUANTITY:   NORMAL   EXCESSIVE   SCANNING   SCANNING   NORMAL   EXCESSIVE   SCANNING   SCANNI				T. r		ATTEMPTED SUICIDE		T	<del>-</del>				T	_	AGE AT	ONSET OF MENSTRUATION
WORN HEARING AIDS LIVED WITH ANYONE WHO HAD TUBERCULOSIS  STUTTERED OR STAMMERED COUGHED UP BLOOD HAD PAINFUL MENSTRUATION DATE OF LAST PERIOD WORN A BRACE OR BACK SUPPORT BLED EXCESSIVELY AFTER INJURY OR HAD IRREGULAR MENSTRUATION QUANTITY: NORMAL EXCESSIVE SCAN		$\dashv$		<del> </del>	7			$\vdash$	+			ARGE	$\vdash$		<del></del>	<del></del>
STUTTERED OR STAMMERED COUGHED UP BLOOD HAD PAINFUL MENSTRUATION DATE OF LAST PERIOD  WORN A BRACE OR BACK SUPPORT BLED EXCESSIVELY AFTER INJURY OR HAD IRREGULAR MENSTRUATION QUANTITY: NORMAL EXCESSIVE SCAN	-	+	<del>_</del> ·	+	+	LIVED WITH ANYONE WHO HAD			+				Ė		ļ	
WORN A BRACE OR BACK SUPPORT BLED EXCESSIVELY AFTER INJURY OR HAD IRREGULAR MENSTRUATION QUANTITY: NORMAL DEXCESSIVE SCAN	-	-		+	1		$\vdash$	$\vdash$	<del></del>				+-		·	
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	23. H	W N		24	. WE		25	. w					ٽب			

Initials

MONTHS

ENCLOSURE 67-420376-99

YES	NO	CHECK EACH ITEM YES OR NO. E	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	,	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
•		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	*
	1	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	1	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	1	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	1	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	(	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	1	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	1	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	/	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	7	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
· .	16	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	d	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	1	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABIL- ITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in item 20 thru 39

NCD

Past history reviewed and NCD

s, man poprach, dan me, canir.,

M. L. GAY, LT MC THN
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

23 Jul 64

SIGNATURE

NUMBER OF ATTACHED SHEETS

### it Jake test

# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

lame of Examinee	THREADGILL,	Burney	Jr.,	
Type or print)	Last	First	,	Middle
he following portions	s of the attached examinat	ion report form need r	not be compl	eted:
. 2	14		68	
3			69	
4	62		72	
9	65		76	
11	67			
6. Is necessary unle	ess facilities for affording	same are not readily	available.	
8. Not required unle desirable.	ess examinee is over 35 ye	ars of age or examina	tion indicat	es such is
9. Is necessary unla	ess facilities for affording	same are not readily	available.	
applicants and Sp accepted if the h	inations should be afforde pecial Agents. Applicants earing loss exceeds a 15 c range (500, 1000, 2000 cyc	for the Special Agen decibel average in eac	t position w	ill not be
or All Examinees, W	hether Clerical or Special	Agent Applicants or	Employees:	
The medical examiner sho	ould answer the following questi	ion:		
he medical examiner sho			exertion.	
			exertion.	
Examinee <b>X</b>	is is not qualified fo	or strenuous physical		
Examinee <b>X</b>		or strenuous physical		
Examinee X  o be Answered in th  Does examinee ha	is is not qualified fo	or strenuous physical  yees and Male Applic  or prohibiting his par	ants:	
Examinee X  o be Answered in th  Does examinee ha	is is not qualified for the Case of All Male Employers any defects restricting rous assignments which m	or strenuous physical  yees and Male Applic  or prohibiting his par  ight entail the practic	ants:	
Examinee X  o be Answered in th  Does examinee hatactics and danger	is is not qualified for the Case of All Male Employers any defects restricting rous assignments which m	or strenuous physical  yees and Male Applic  or prohibiting his par  ight entail the practic	ants:	
Examinee X  o be Answered in th  Does examinee ha tactics and danger  X No Yes	is is not qualified for the Case of All Male Employers any defects restricting rous assignments which m	or strenuous physical  yees and Male Applic  or prohibiting his paright entail the practic  fy defects.	ants: ticipation is al use of fin	earms?
Examinee X  o be Answered in th  Does examinee hatactics and danger  No Yes	is is not qualified for the Case of All Male Employers any defects restricting rous assignments which must be seen as a specific treatment of the case specific treatment of the case of t	yees and Male Applic or prohibiting his paright entail the practic fy defects.	ants: ticipation is al use of fin	rearms?

FB I

SEP 2 8 23 AM Desirable Weight Ranges for Males Medium Frame Large Frame Height Small Frame 123 - 135 5' 4" 117 - 125 131 - 148 5′ 5″ 120 - 129 126 - 139 134 - 152 5'6" 124 - 133 130 - 143 138 - 157 5' 7". 128 - 137 134 - 148 143 - 162 5′8" 132 - 141 138 - 152 147 - 166 5′9**″** 151 - 170 136 - 146 142 - 156 5' 10" 140 - 150 146 - 161 155 - 175 5' 11" 144 - 154 150 - 166 160 - 180 6**′**. • 148 - 158 15.4 - 171 164 - 185 6' 1" 152 - 163 158 - 176 169 - 190 6' 2" 156 - 167 163 - 181 174 - 195 6'3" 160 - 171 168 - 186 178 - 200 6' 4" 188 - 210 169 - 180 178 - 196 6'5" 174 - 185 182 - 202 192 - 216

4.	Examinee's frame is small x medium	Large	
5.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	ne, and other individual physical characteris  Excessive Deficient	tics
6.	Under proper medical supervision, examinee should	losepounds	
		gainpounds	
Re	marks:		
	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Dus	

(Signature of Medical Examiner)

M. L. GAY, LT MC/USN

23 July 1964

(Date)

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## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Payment Received
Special Agents Insurance Fund
MAR 1 6 1965

J. Edgar Hoover, Director

Dear Sir

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUP	LICATE AND	SUDMII DUI	u costes to t	HE BUKEAU					
Official Bureau Na	ame (please typ	oe or print)	• .	Date		Office of A	ssignment (or	SOG Divis	ion)
SA BURI	VEY T	HREAD	GILL , JR	3/5	165	SF	= -		7
The following pers				al Agents Ins	urance Fu	ind:			
Name (primary ber	eficiary; use g	iven first nam	e if female)	· l	o6		Relationship WIFE	<b>,</b>	
Address 72	0 GR	1224	PEAK		ERKE	LEY-		·	. *
Name (contingent	beneficiary, if	desired; use g	iven first name i	f female)			Relationship		
Address							40		
The follow beneficiary of age	ing person is	designated as	No If not, the my beneficiary us, other than trave	nder the Chas				th benefit	to
		<u> </u>				<u> </u>		<u> </u>	
Name (primary ber	neficiary; use	riven first nam	e if female)			~ 1	Relationship	*	
Address						0.10	. 😿	v .	
Name (contingent	beneficiary, if	desired; use g	iven first name i	f female)	-		Relationship		
• ,,	\$ 15 m	*	*				•		
Address		\$ . · ·						- ,	
					Very trul	y yours,			

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# FEDERAL BUREAU OF INVESTIGATION – UNITED STATES DEPARTMENT OF JUSTICE

### REPORT OF PERFORMANCE RATING

Name of Employee:	BURNEY THREADGILL,	JR.	
Traine of Employee.			
Where Assigned:	SAN FRANCISCO		
Where Assigned.	(Division)	(Section, Un	it)
Official Position Title	SPECIAL AGENT, GS-1	3	
and Grad		· · · · · · · · · · · · · · · · · · ·	
Rating Period: from -	April 1, 1964	toMarch 31,	1965
ADJECTIVE RATING:	EXCELLENT		Employee's Initials
	Outstanding, Excellent,	Satisfactory, Unsatisfactory	
Rated by:	Signature	Supervisor Title	3/31/65 Date
Reviewed by:	Signature Signature	SAC Title	3/31/65 Date
Rating Approved by:	Callaban Signature	Assistant Director Title	APR 16 1965 Date
PR 201965 23	TYPE OF RE  (XX) Official  (X) Annual	67-420 ( ) Administrative	376 - 100 Numbered 38 0R 15 1965

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### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee BURNEY THREADGILL, JR.	Title Special Agent, GS-13
	Rating Period: from 4/1/64 to 3/31/65
RATING GUIDE A	AND CHECK-LIST
Note: Only those items having pertinent bearing on employee's performant Rate items as follows:	ce should be rated. All employees in same salary grade should be compared.
Outstanding (exceeding excellent and deserving of special commendation	on).
Excellent Satisfactory (good or very good).	
Unsatisfactory.  No opportunity to appraise performance during rating period.	
Guide for determining adjective rating:	
1. "Outstanding" adjective rating requires (A) that all rated elements be "+" an	d (B) that each and every rated element be factually justified by narrative detail on
reverse of Form FD-185.  "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend up mechanical formulas; however, for an employee to be rated "Excellent" he mu	pon the composite result of evaluating all rated elements rather than following any ust not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that ments.
(1) Personal appearance.	(17) Firearms ability.
(2) Personality and effectiveness of his personal contacts.	(17) Pricatins ability.  E (18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty,	(19) Reporting ability:
enthusiasm, amenability and willingness to equitably share work load).	(a) Investigative reports
(4) Physical fitness (including health, energy, stamina).	(b) Summary reports (c) Memos, letters, wires
(5) Resourcefulness and ingenuity.	(c) Memos, letters, wires (Consider: conciseness; clarity: organization;
(6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper	thoroughness: Laccuracy; Ladequacy and perti-
conclusions, ability to define objectives.	nency of leads; Administrative detail.)  (20) Performance as a witness.
(8) Initiative and the taking of appropriate action on own responsibility.	(20) Tenormance as a witness. (21) Executive ability:
(9) Planning ability and its application to the work.	(a) Leadership
(10) Accuracy and attention to pertinent detail.	(b) Ability to handle personnel (c) Planning
(11) Industry, including energetic, consistent application to duties.	(d) Making decisions
(12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also	(e) Assignment of work (f) Training subordinates
consider adherence to deadlines unless failure to meet is	(g) Devising procedures (h) Emotional stability
attributable to causes beyond employee's control.  (13) Knowledge of duties, instructions, rules and regulations, in-	(i) Promoting high morale
cluding readiness of comprehension and "know how" of	(j) Getting results
application.	(22) Ability on raids and dangerous assignments:
(14) Technical or mechanical skills. (15) Investigative ability and results:	(b) As participant
(15) Investigative ability and results:  _E (a) Internal security cases	(23) Organizational interest, such as making of suggestions for
(b) Criminal or general investigative cases	improvement(24) Ability to work under pressure.
_O (c) Fugitive cases	(25) Miscellaneous. Specify and rate:
O (d) Applicant cases O (e) Accounting cases	Dictation ability
(c) Recounting cases (16) Physical surveillance ability.	
. Specify general nature of assignment during most of rating period (such a tor, etc.):	as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
Security-C Squad; Resident Age	int
3. Specify employee's most noteworthy special talents (such as investigator, de Investigator	esk man, research, instructor, speaker):
<ul><li>(1) Is employee available for general assignment wherever needs of service</li><li>(2) Is employee available for special assignment wherever needs of service</li></ul>	e require? Yes (If answer is not "yes," explain in narrative comments.) e require? Yes (If answer is not "yes," explain in narrative comments.)
<ol> <li>1. Has employee had an abnormal sick leave record during rating period? for illness) during rating period than the amount of sick leave earned narrative comments.)</li> </ol>	No_2. Has employee used more sick leave (including annual leave or LWOP during such period?_No_ (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official definition of the If answer is "yes," personnel file must reflect the following: (a) His physically fit to drive. (c) Past safe driving record OK or has passed	as valid State or local operator's license for type venicle he is to use. (b) is
TUARI I DAM	EMBI OVEREIG INVENTO ACT
ADJECTIVE RATING: <b>EXCELLENT</b> Outstanding Excellent Satisfactory. Un	satisfactory EMPLOYEE'S INITIALS

### NARRATIVE COMMENTS

### 1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL has a very pleasant personality and is very well-regarded by his fellow employees and the general public. He dresses in a very neat, businesslike manner and is a fine representative of the Bureau.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

SA THREADGILL has the ability to participate in raids and dangerous assignments and during the rating period was engaged in physical surveillances under conditions that could be considered dangerous.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING</u> PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on his availability and there are no physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL is assigned to the Security-C Squad and is a Resident Agent at Berkeley, California. He has specialized in the investigation of the Socialist Workers Party, Young Socialist Alliance and Progressive Labor matters during the rating period. Most of his assignments have to do with individuals who have some connection with the University of California. Of necessity these investigations demand the exercise of excellent judgment and tact. In his assignments SA THREADGILL has displayed his ability to handle complicated investigative matters with a minimum of supervision. He has also conducted physical surveillances in connection with student demonstrations at the University of California, as well as racial matter demonstrations within his Resident Agency.

BJ Initials 5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

Shared in 1 letter of commendaton.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

NA

### 7. PARTICIPATION IN INFORMANT PROGRAMS:

During the rating period SA THREADGILL developed 3 PSIs. He continues to handle 1 Security Informant. His performance has been excellent in this regard.

8. TESTIFYING EXPERIENCE AND ABILITY:

SA THREADGILL has not testified during this rating period but has testified numerous times in the past in a competent manner.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

### 11. RESIDENT AGENTS:

SA THREADGILL is an above-average Agent who is well-experienced and can handle any assignment in an excellent manner. He is, therefore, well-suited for his assignment as a Resident Agent at Berkeley, California.

ργί Initials

### 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE

NA

13.	FOREIGN LANGUAGE ABILITY:	3 <i>I</i> 2.
• '	NA Language in which proficient	
	Completed language school Yes No	
	Fluent inlanguage to extent Agent can handle typical inves	tigative
	problems as follows: (1) Conversation form Yes No	
	(2) Written form Yes No	
	Evaluate language proficiency in each phase as excellent, very good, good, fair of	r
	unsatisfactory .	i de la Carlo de Carlo. La carlo de
	<u>Language</u> <u>Read Write</u> <u>Speak</u> <u>I</u>	Understan
i.		
	Frequency language ability used during rating period:	
	Frequency of use of language ability anticipated during ensuing	year:
14.	ADMINISTRATIVE ADVANCEMENT:	
	III III III III III III III III III II	
	(a) Agent is interested in administrative advancement.	No
٠.	(b) Agent is completely available for administrative advancement. Yes	No
	(c) Agent is considered completely qualified at present for	
٠,	administrative advancement, including experience, ability,	
	personality and appearance.	No
	(d) If answer to (c) is "Yes," Agent's qualifications considered	* * 7
	very good excellent outstanding	£
	(e) If answer to (c) is "No," Agent considered to have potential	
	for future administrative advancement. (If applicable,	
		No:

Mills Initials

### PAST SAFE DRIVING RECORD CERTIFICATION

_	<u>-</u>		·
	NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) THREADGILL, BURNEY, JR.		3/25/65
		*	3/2/10/
	DIVISION AND-SECTION ASSIGNED	POSITION TITLE	
	San <sup>F</sup> rancisco	Special Agent	
*	THIS IS TO CERTIFY THAT I PRESENTLY 🛣 HOLD 🔲 DO NOT HOLD. DRIVER'S LICENSE.	A VALID MOTOR VEHICLE OPERATOR!	S PERMIT OR
	PERMIT ISSUED BY: State of California	PERMIT NUMBER	PERMIT EXPIRES
5	(STATE, TERRITORY State of California		
Ž	POSSESSION, DISTRICT)	D423093	10/28/65
BY OPERATOR	THIS IS AN <u>UNRESTRICTED CRESCOCKINES</u> ) PERMIT. (IF RESTRICTED, EX	PLAIN BELOW)	
2		· · · · · · · · · · · · · · · · · · ·	*
TO BE FILLED	THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DE ALLY OWNED) APPROXIMATELY 50,000 MILES. DURING THIS TIME TRAFFIC VIOLATION TICKET; (B) I - HAVE DEST HAVE NOT BEEN HEL INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE DATES OF OFFENSES.	.D AT FAULT* AS THE DRIVER OF A M	OTOR VEHICLE
	*(A) unable to recall.		
1		$w^{T}$	*
		·	
1		•	
:	* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.	Summy Town SIGNATURE OF OPERATOR	Lui
П	NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITI	IAL)   POSITION TITLE.	DATE
	NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITI	Special Agent	4/10/65
	THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFL OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAS	LECTS THE FOLLOWING INFORMATION ST THREE YEARS:	CONCERNING THE
	CONTINUOUS SAFE DRIVING RECORD		
	CONTINUOUS SAFE DRIVING RECORD	e d	
CIAL	INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **		
OFF	I CERTIFY THAT THIS EMPLOYEE IS:	*	
		*	-XI
REVIEWING	QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO	O OPERATE MOTOR VEHICLES ON	(X)
BY REV	NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATION A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEH		
<b>z</b>	OF WAR		· ·
	REMARKS:		
FILLED		*	
	$n_{\alpha}$		*
T0 BE	6-NCT ROOD DO		0/0
		* * * .	TEM.
	The same of the sa		pring
	AT FAULT" MEANS ANY CASE IN WHICH THE RUDEAU HAS	Ball	
	AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS AKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST	Berlyn St. (SIGNATURE OF REVIEWING OFF	Clon



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

J. Edgar Hoover, Director

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

Official Bureau Name (pleas	se type or print)	Date .	Office of Ass	ignment (or SOG Division)
		_/ /	-	
BA BURNEY	THREADGILL ,:	JR 3/27/6	5 SAU	FRANCISCO
The following person is des	signated as my beneficiary for	r Special Agents Insuranc	e Fund:	
Name (primary beneficiary;	use given first name if femal	e)	Ro	elationship W/FE b6
720	GRIZZLY PE	=AK BLUP	- BEAKEC	EY, CALIF-
Name (contingent beneficiar	ry, if desired; use given first	name if female)	Re	elationship
Address				
	n is designated as my benefic in the line of duty, other the		Ross Fund providin	g \$1500 death benefit to
eneficiary of agents killed		an travel accidents.	3	g \$1500 death benefit to
peneficiary of agents killed	in the line of duty, other tha	an travel accidents.	3	
peneficiary of agents killed	in the line of duty, other tha	an travel accidents.	3	
eneficiary of agents killed Name (primary beneficiary; Address	in the line of duty, other tha	e)	R	
peneficiary of agents killed Name (primary beneficiary; Address	in the line of duty, other the	e)	R	elationship
beneficiary of agents killed Name (primary beneficiary; Address	in the line of duty, other the	e)	R	elationship
Name (primary beneficiary; Address	in the line of duty, other the	e) name if female)	R	elationship
Name (primary beneficiary; Address	use given first name if femalers, if desired; use given first	e) name if female)	R	elationship

Director FOI ATTENTION: PERSONNEL SECTION

SAC, Son Francisco (65-3759)

MONTEREY GESTOERT AGENCY; BERKELEY RESIDENT AGENCY

MORTEREY RA

Alternate Senior Resident Agent at Monterey, has submitted his request for retirement.

SA who is currently assigned to Monterey, an experienced Agent whose EOD date is and who has demonstrated that he is an excellent over-all Special Agent and Resident Agent, is recommended to be the Alternate Senior Resident Agent at Monterey.

The case load and other commitments at Honterey. California, including the Defense Language School, fully justifies three Resident Agents at Monterey. Currently, there are 39 Agents attending the Defense Language Institute at Monterey who are assigned to the Monterey RA and their presence at Monterey requires a certain amount of supervision by the Senior Resident Agent each day. The case load for each Agent at Monterey is 30.3 cases and 10.7 leads or an investigative case load of 41 lavestigative matters for each Agent. A survey of the case load and leads at Monterey for the past six months reflects that the average investigative case load has been 39.5 for this period.

It is recommended that SA BURREY MREADGILL, JR. be approved as the third Resident Agent at Monterey. SA THREAD-26ILL entered on duty as a Special Agent on 7/21/47. He was first assigned to the Dakland RA by Bulet 1/12/55 and his head-1 quarters were changed to the Berkeley RA by Bulet 9/13/57 when the Berkeley RA was opened. He has demonstrated that he is a competent, loyal and resourceful Special Agent who can handle any assignment in an excellent manner. He is well suited for an RA assignment.

6 Eureau
4 SF (1 - 66-3759
1 - Pers. file SA \_\_\_\_\_\_\_
1 - Pers. file SA THREADGILL
1 - Pers. file SA \_\_\_\_\_\_
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### BERKELEY RA

adad

thet SA THREADSILL at Borkeley, it is recommended be designated Resident Agent at

Francisco. Therefore, the transfer of SA THREADGILL to Monterey will be approximately the same as a move from San Francisco.

The case load at Berkeley has, for many years, sustained six Resident Agents. In addition, a tremendous volume of Applicant work is handled by the Berkeley RA, which has a fast turn-over and is not reflected in the day-to-day investigative work load. Currently, the case load at the Berkeley RA is 209 cases and 42 loads, which is an average of 34.8 cases and 7 loads for each of the six Resident Agents assigned. This is an investigative case load of 41.8 matters per Agent. The average investigative case load in the Berkeley RA for the past six months is 47.7. This investigative work load fully justifies that six Agents be assigned to the Berkeley RA.

cular A-58 (Rev.)	2 COADE	NATION	3. IDENTIFICATION NO.
1. LAST NAME—FIRST NAME—MIDDLE NAME( EADGILL: Burney (n) Jr.		I to the state of	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		OF EXAMINATION	6. DATE OF EXAMINATION
Grizzly Peak Blvd., Berkeley, Calif	ornia	NUAL	22 JUL 65
MITSELY TEAR DIVICE, DETRETEY, CALL	OI III		
7. SEX 8. RACE 9. TOTAL YEARS GOVERNME	ENT SERVICE 10. AGENCY	11. ORGANIZATION	. UNIT
	/ILIAN	SAN FRAN	CISCO, CALIFORNIA
2. DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME, 1	RELATIONSHIP, AND ADDRESS OF	
OCT 21 MISS.	Wife:		b6
OUT AL		same as #4 ab	
5. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		INFORMATION	
NAVAL HOSPITAL, OAKLAND, CALIFORNI	TA THE TRANSPORT OF THE	. ಮೇಜ ಗುರೂಪಿ ಮೇಗಿತ್ತ	
7. RATING OR SPECIALTY	TIME IN THE	S CAPACITY (Total)	LAST SIX MONTHS
© #			
CLINICAL EVALUATION NOTES.	. (Describe every abnormali	ty in detail. Enter pertin	ent item number before each sheets if necessary.)
NOR- (Check each item in appropriate col- MAL umn; enter "NE" if not evaluated.) MAL	comment. commue m	tom, build use additional	shoets if necessary.
18. HEAD, FACE, NECK, AND SCALP			
19. NOSE			•
20. SINUSES			
21. MOUTH AND THROATS IN THE			
22. EARS GENERAL (Int. & ext. canals) (Auditory 67)	20 Firmate		
23. DRUMS (Perforation)	-> runctional sy	stolic murmur a	t base, NCD.
24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)			A
25. OPHTHALMOSCOPIC			
26. PUPILS (Equality and reaction) #2	39 Marks and Sca	rs same as prio	r examinations, NC
27. OCULAR MOTILITY (Associated parallel move- ments, nustagemus)			,
28. LUNGS AND CHEST (Include breasts) #5	50 Other Tests:		
29. HEART (Thrust, size, rhythm, sounds)	,	Neutrophiles 4	
30. VASCULAR SYSTEM (Varicosities, etc.)	r, *	Lymphocytes 48	
31. ABDOMEN AND VISCERA (Include hernia)	المناس الأسر	Monocytes 2	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)		Eosinophiles 4	
33. ENDOCRINE SYSTEM	X C N	Hemoglobin 16.	O Comus
34. G-U SYSTEM	Dro.	1//	
35. UPPER EXTREMITIES (Strength, range of motion),	REC-	144 67-1/20	20/ 101
36. FEET 27	4	Scarched	0/0-101
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	REC-	100 to 1 1 1 2 1 1 1	VIIIO O O
38. SPINE, OTHER MUSCULOSKELETAL	11 20 5 VC	/2 32 T	AUG 30 1965
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	8. V.	(C)	
40. SKIN, LYMPHATICS	"CIU EUL		TO THE
41. NEUROLOGIC (Equilibrium tests under item 72)	The state of the s		TREE
42. PSYCHIATRIC (Specify any personality deviation)	WITH C.	•	The same of the sa
43. PELVIC (Females only) (Check how done)	MINITIANSVIEW		· / · / · · · · · · · · · · · · · · · ·
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14. DENTAL (Place appropriate symbols above or below number of upper and	• • •	DEFECTS	AND ADDITIONAL DENTAL AND DISEASES
O-Restorable teeth  -Nonrestorable teeth   XXX-Replaced by dentur	es (6 X 8) — Fixed b	bridge, brackets to de abutments	
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THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. 4303 65-13 6. DATE OF EXAMINATION 5. PURPOSE OF EXAMINATION

10. AGENCY

THREADGILL BURNEY (NON)

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)

720 GRIZZLY PEAK BLUD. BEAKELEY CALIF 9. TOTAL YEARS GOVERNMENT SERVICE

ANNNAL

12. DATE OF BIRTH

10/28/21

7. SEX

13. PLACE OF BIRTH

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS

BILOXI - Miss -

FB1 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF

11. ORGANIZATION UNIT

WIFE-

SAME 16. OTHER INFORMATION

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

B. FAMILY HIS				I on an	OF	HUSBAI	D OR WIFE:	
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT .	YES	NO .	(Check each item)	RELATION(S)
FATHER -		DECEASED	HEART + CANCER	78		ı	HAD TUBERCULOSIS	
MOTHER	62	6000				v.	HAD SYPHILIS	
SPOUSE			·			V	HAD DIABETES	
				'	1		HAD CANCER	FATHER
BROTHERS						·L	HAD KIDNEY TROUBLE	
AND				(-)	V		HAD HEART TROUBLE	FATHER
SISTERS						v	HAD STOMACH TROUBLE	
			·			v	HAD RHEUMATISM (Arthritis-)	
CHILDREN			•				HAD <del>ASTHM</del> A, HAY FEVER. HIVES	
						~	HAD EPILEPSY (Fits)	
						~	COMMITTED SUICIDE	
						V	BEEN INSANE	

YES NO	(Check each item)	YÉS	NO	(Check each item)	YES	МО	(Check each item)	YES	NO	(Check each item)
	SCARLET FEVER, ERYSIPELAS	Г		GOITER			TUMOR, GROWTH, CYST, CANCER			"TRICK" OR LOCKED KNEE
	DIPHTHERIA			TUBERCULOSIS			RUPTURE			FOOT TROUBLE
-	RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)	$\vdash$		APPENDICITIS			NEURITIS
	SWOLLEN OR PAINFUL JOINTS		i	ASTHMA	1		PILES OR RECTAL DISEASE		_	PARALYSIS (Inc. infantile)
	MUMPS ,			SHORTNESS OF BREATH			FREQUENT OR PAINFUL URINATION	0.		EPILEPSY OR FITS
V	WHOOPING COUGH	-	-	PAIN OR PRESSURE IN CHEST	Т		KIDNEY STONE OR BLOOD IN URINE	7.		CAR, TRAIN, SÉA, OR AIR SICKNESS
	FREQUENT OR SEVERE HEADACHE	11		CHRONIC COUGH	T.	:	SUGAR OR ALBUMIN IN URINE		·.	FREQUENT TROUBLE SLEEPING
	DIZZINESS OR FAINTING SPELLS	1.		PALPITATION OR POUNDING HEART			BOILS	-		FREQUENT OR TERRIFYING NIGHTMARES
	EYE TROUBLE			HIGH OR LOW BLOOD PRESSURE .			VENEREAL DISEASE			DEPRESSION OR EXCESSIVE WORRY
	EAR, NOSE OR THROAT TROUBLE			CRAMPS IN YOUR LEGS .		-	RECENT GAIN OR LOSS OF WEIGHT			LOSS OF MEMORY OR AMNESIA
	RUNNING EARS			FREQUENT INDIGESTION			ARTHRITIS OR RHEUMATISM			BED WETTING
	CHRONIC OR FREQUENT COLDS			-STOMACH, LIVER OR INTESTINAL TROUBLE	Г		BONE, JOINT, OR OTHER DEFORMITY			NERVOUS TROUBLE OF ANY SORT
	SEVERE TOOTH OR GUM TROUBLE	١.		GALL BLADDER TROUBLE OR GALL STONES			LAMENESS		Г	ANY DRUG OR NARCOTIC HABIT
	SINUSITIS	1		JAUNDICE			LOSS OF ARM, LEG, FINGER, OR TOE			EXCESSIVE DRINKING HABIT
	HAY FEVER			ANY REACTION TO SERUM, DRUG OR . MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW	1	Г	HOMOSEXUAL TENDENCIES
21. HAVE	YOU EVER (Check each item)	-		•	22.	FEN	MALES ONLY: A. HAVE YOU EVER-	В. (	сом	PLETE THE FOLLOWING:
-	WORN GLASSES	Γ		ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
	WORN AN ARTIFICIAL EYE			BEEN A SLEEP WALKER	1		HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
	WORN HEARING AIDS	T		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
	STUTTERED OR STAMMERED			- COUGHED UP BLOOD	Γ		HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
**   *	WORN A BRACE OR BACK SUPPORT	1.		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	Τ		HAD IRREGULAR MENSTRUATION	QU	ANT	TY: NORMAL EXCESSIVE SCANT
3. HOW PAST	MANY JOBS HAVE YOU HAD IN THE THREE YEARS?	24.	HEI	AT IS THE LONGEST PERIOD YOU LD ANY OF THESE JOBS? NTHS	25	. WH	AT IS YOUR USUAL OCCUPATION?		26	ARE YOU (Check one)  RIGHT HANDED LEFT HANDED



YES	, NO	. CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	-	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	6	B. INABILITY TO PERFORM CERTAIN MOTIONS	
		C. INABILITY TO ASSUME CERTAIN MOTIONS	
		D. OTHER MEDICAL REASONS (If yes, give reasons)	
• •			
	/	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	<i>i</i>	<ol> <li>HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)</li> </ol>	
	(	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
		32. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	1	-33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	/	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	V	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
•	V	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	V	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	~	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
T.	V	39. HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED	OR	PRINTED	NAME	OF	EXAMINEE

SIGNATURE

Bury

Thurlist &

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 ceru 39)

TYPED OF PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

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E

NUMBER OF ATTACHED SHEETS

# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name c	of Examinee	тн	READGILI	49	Bu	rney	~ (n)	Jr.		
(Type or		,	•	La	st		First		Midd	le .
The fo	llowing por	tions o	f the atta	ched exc	minatio	n report	form need	l not be	completed	:
46. Is	necessary	2 3 4 9 11 unless	facilitie	s for aff	14 17 62 65 67 ording s	ame are	not readi	68 69 72 76 ly avail		
	ot required esirable.	unless	examine	e is over	35 year	s of age	or exami	nation i	ndicates s	uch is
49. Is	necessary	unless	facilitie	s for aff	ording s	ame are	not readi	ly avail	ıble.	
ai	udiometer e oplicants a occepted if t ational spe	nd Spec he hear	cial Agent cing loss	s. Applexceeds	licants f a 15 de	or the Sp cibel ave	ecial Ag	ent posi	tion will n	ot be
For A	II Examined	es, Whe	ther Cler	ical or S	pecial A	Agent App	plicants	or Emplo	yees:	
The me	dical examin	er should	answer the	e followin	g question	<b>.</b>				
	Examinee	Xis	☐ is r	ot quali	fied for	strenuou	s physic	al exert	ion.	* *
	0 ×	;	· · · ,					×	**	*
To be	Answered	in the (	Caise of A	II Male	Employe	es and M	lale Appl	icants:		
	es examine ctics and do							,		
X	No. C	]Yes	If "yes'	' please	specify	defects.	e :			* * <u>-</u>
		· · · · · · · · · · · · · · · · · · ·	* .	A+			·			
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		· · ———						notor ve	meles:	
[X	]No □	Yes	If "yes'	" please	specify	defects.		·		
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REC'D E ADMIN. DIV

Desirable Waght Ranges for Males

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Height	SEP Shall Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5' 5'"	120 - 129	126 - 139	134 - 152
5 <b>′</b> 6 <b>″</b>	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5 <b>′</b> 9 <b>″</b>	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5′ 11″	144 - 154	150 - 166	160 - 180
6 <b>′</b>	 148 - 158	154 - 171	164 - 185
6 <b>'</b> 1 <b>"</b>	152 - 163	158 - 176	169 - 190
6 <b>′</b> 2 <b>″</b>	156 - 167	163 - 181	174 - 195
6 <b>′ 3″</b>	160 - 171	168 - 186	178 - 200
6 <b>′</b> 4 <b>″</b>	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Exam	ninee's frame i	s <b>L</b> small	medium	<b>x</b> large	* * * * *		
		weight table, the		me, and other indi			iștics
6. Unde	r proper medic	al supervision, e	xaminee should	lose	pounds		
Remarks				gain	pounds	*	
rte marks							·
		1977.Q.M,	: · · · · · · · · · · · · · · · · · · ·		PEL LT MC (SI		

22 JUL 65

(Date)

August 27, 1965

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

Your headquarters are changed from Berkeley, California,

Monterey, California, effective upon your arrival there on or after this date. This change is made for official reasons and you will be allowed transportation expenses and per diem at the rate of \$16.00 per day within the U. S., \$6.00 per day for air travel, rail travel, and ocean travel by steamship outside the continental limits of the U. S., transportation expenses for your immediate family, and transportation costs of household goods and personal effects as provided for in Public Law 600 dated August 2, 1946, and Executive Order 9805, dated November 25, 1946, as amended. You are authorized to use your privately owned automobile and you will be reimbursed at the rate of ten cents per mile plus incidental expenses, not to exceed the cost by common carrier, as prescribed by Section 3.5b(2) of the Standardized Government Travel Regulations, over the most direct route for all persons officially traveling therein. Should your dependents travel separate and apart from you, expenses will be allowed under the same conditions as above.

AUG 2 7 1965 COMMFBI

REC-139 67 420 376-102 | Numbered | Numbered | Searched | Numbered | Numbered

John Edgar Hoove

1 - SAC, San Francisco (Personal Attention) Advise arrival date and address of Resident Agent Threadgill at Monterey. SA Max H. Fischer is hereby designated Alternate Senior Resident Agent In Monterey.

Based on memo from SAC, San Francisco 8/20/65, and addendum of Administrative Division RRB:crt, 8/25/65.

rah

Personnel file of Max H. Fischer.

Spully

DeLoach
Casper
Callahan
Conrad
Felt
Gale
Rosen
Sullivan
Tavel
Trotter
Tele: Room
Gandy
A

Tolson

Belmont. Mohr \_\_\_\_

AAIL ROOM TELETYPE UNIT

SAC, SAN FRANCISCO

9-8-65

Director, FBI

PERSONAL ATTENTION

BURNEY THREADGILL, JR. SPECIAL AGENT PHYSICAL EXAMINATION MATTER

	ReBulet
	Reurlet
	Re Physical Examination 7-22-65
	Advise Bureau date captioned employee scheduled for physical examination.
	Submit Physical Examination Report.
	Advise Bureau re physical condition.
	Advise Bureau if dental work has been completed.
	Advise Bureau if vision has been corrected to 20/20.
	Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
	☐ Submit results of ☐ chest X ray, ☐ patch test, ☐ urinalysis, ☐ serology.
And the second s	Submit Bureau of Employees' Compensation forms.
г 1965	Advise if medical bills submitted have been paid.
ARILED 8	Submit reply by
SEP con	X Submit results of electrocardiogram examination.
Tolson	111
Conrad	(3) \$\tag{3}\$
Trotter——————————————————————————————————	REPLY: OF PERSONNEL SECTION

FD-277 (Rev. 3-6-63) OPTIONAL FORM NO. 10 MAY 1962, EDITION GSA GEN. REG. NO. 27



### UNITED STATES GOVERNMENT

### Memorandum

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TO : Director, FBI

: SAC, San Francisco

Attention: Personnel Section

SUBJECT: BURNEY THREADGILL, JR.

SPECIAL AGENT

PHYSICAL EXAMINATION MATTER

$\mathbb{X}$ ReBulet $9/8/65$ .	
Re physical examination 7/22/65	
Dental work was completed on	•
☐ Vision has been corrected to	Employee specifically instructed
(date) by(name of person giving instruction)	that he can operate a Bureau car
(date) (name of person giving instruction)	
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serolog	gy were negative.
Enclosed physician's statement indicates he is qualified for strenuo	us physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	
Enclosed are paid unpaid medical bills.	
☐ Enclosed are ☐ paid ☐ unpaid medical bills. ☐ Attached are Bureau of Employees' Compensation forms	
Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.	
Attached are Bureau of Employees' Compensation forms	
Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on	
Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initialed.  Employee returned to active duty	
Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initialed.	
Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initialed.  Employee returned to active duty  Employee's physical condition is	

### Remarks:

Results of electrocardiogram examination "within normal limits."

D - Bureau 1 - SF COL:hko (2)

UNITED STATES GOVERNMENT

## Memorandum

.1	DATE: 11/5/65
SAC, San Francis	
SAC, San Francis	
D.	
CT: BURNEY THREADGIL	LL, JR., SA
(Employee's presen	nt payroll name)
SAN FRANCISCO	
(Divisio	$\overline{n}$
PAYROLL NAME (List as desired o	on payroll)
ADDRESS AND PHONE CHANGE	
Present phone number (city)	
	Atherton Place Carmel California
(X) FD-310 enclosed	Local address (Number Street City State)
	uted in reporting BIRTHS or CHANGES IN MARITAL STATUS.)
	of the Bureau or an applicant for Bureau employment?
1. No 2. Yes	Present Former Applicant
* * * * * * * * * * * * * * * * * * *	e of spouse Date and place of marriage
Married to Show full (maiden) name  Data re spouse  Birth date  Legal Residence	Birthplace
Data re spouse  Birth date  Legal Residence	Birthplace Occupation
Data re spouse Birth date	Birthplace Occupation ves (use Addendum, if necessary)
Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse	Birthplace Occupation  ves (use Addendum, if necessary). (use Addendum, if necessary)
Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2.	Birthplace Occupation  ves (use Addendum, if necessary) (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted
Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2.	Birthplace Occupation  ves (use Addendum, if necessary) (use Addendum, if necessary)  No Date it will be submitted
Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2.	Birthplace Occupation  ves (use Addendum, if necessary) (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted
Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2.	Birthplace Occupation  ves (use Addendum, if necessary) (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted
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Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2. Name, address, and telephone number	Birthplace Occupation  ves (use Addendum, if necessary) (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted
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Data re spouse  Birth date  Legal Residence  Office indices re spouse and relativ Credit and arrest records re spouse FD-292 enclosed 1. — Yes 2. FD-310 enclosed 1. — Yes 2. Name, address, and telephone number	Birthplace  Occupation  Ves (use Addendum, if necessary)  (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted  er of person to be notified in case of emergency
Birth date  Legal Residence  Office indices re spouse and relative Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2. Name, address, and telephone number  BIRTHS  Girl named  Birthp	Birthplace  Occupation  ves (use Addendum, if necessary).  (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted  er of person to be notified in case of emergency.
Birth date  Legal Residence  Office indices re spouse and relative Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2. Name, address, and telephone number  BIRTHS  Girl named  Birthp	Birthplace  Occupation  ves (use Addendum, if necessary)  (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted  er of person to be notified in case of emergency  Boy named
Birth date  Legal Residence  Office indices re spouse and relative Credit and arrest records re spouse FD-292 enclosed 1 Yes 2. FD-310 enclosed 1 Yes 2. Name, address, and telephone number  BIRTHS  Girl named  Birthp	Birthplace  Occupation  ves (use Addendum, if necessary)  (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted  er of person to be notified in case of emergency  Boy named
Birth date  Legal Residence  Office indices re spouse and relative Credit and arrest records re spouse FD-292 enclosed 1. — Yes 2. FD-310 enclosed 1. — Yes 2. Name, address, and telephone number  BIRTHS  Girl named  Birthpl	Birthplace  Occupation  ves (use Addendum, if necessary)  (use Addendum, if necessary)  No Date it will be submitted  No Date it will be submitted  er of person to be notified in case of emergency  Boy named



# FD-207 (Rev. 4-5-63) OPTIONAL FORM NO. 10 MAY 1962, EDITION GSA GEN. REG. NO. 27 UNITED STATES GOVERNMENT Memorandum

		DAT	L /	8/65		7,
CAC Can Emanaida			· · · · · · · · · · · · · · · · · · ·			
SAC, San Francisco	0					,
			*			
T. BURNEY THREADGIL	L. JR., S	A				
(Employee's present )				م أ <sub>ح</sub> ر أم	-1	
					<b>.</b>	
SAN FRANCISCO					-	
(Division)	(3)					
YROLL NAME (List as desired on	payroll)					
	4.	4				7
DRESS AND BUONE CHANGE	•					
DRESS AND PHONE CHANGE						-
esent phone number (city) 08-624-8728					* * 2	
Carmel, Calif.				42 1	*	
FD-310 enclosed	Local	address (Number	Street	City	State)	. 4
TE (The following must be execute	d in reporting B	SIRTHS or CHANG	ES IN MAR	ITAL STATE	JS.)	4
as spouse ever been an employee of	the Bureau or a	n applicant for Bu	reau employ	yment?		
. No 2. Yes	Present	Former A	pplicant			
RITAL STATUS	*		V.			
rried to - Show full (maiden) name of	of spouse	Date and place	of marriage		7 7	
					÷ .	
ata re spouse						
Birth date		Birthplace	·	·÷		
Biron davo		Brimpiaco				
						<b></b> _
Legal Residence			- 15	Occupation		
Degai Residence			. * .			
	use Addendun	n, if necessary) _	<del></del>			
fice indices re spouse and relatives				2.5		
fice indices re spouse and relatives edit and arrest records re spouse (u	se Addendum, i	f necessary) _		2 13 1		
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redit and arrest records re spouse (up-292 enclosed 1. Yes 2. D-310 enclosed 1. Yes 2. mame, address, and telephone number arms. Birth named Birthplace.	se Addendum, i  No Date it w  No Date it w  of person to be	f necessary) ill be submitted _ ill be submitted _ notified in case c		=,	This is th	eir
redit and arrest records re spouse (up-292 enclosed 1. Yes 2. D-310 enclosed 1. Yes 2. mame, address, and telephone number arrest records re spouse (up-310 enclosed 1. Yes 2. Telephone number arrest records response to the spouse of the spouse records re	se Addendum, i  No Date it w  No Date it w  of person to be	f necessary) ill be submitted _ ill be submitted _ notified in case c		=,	This is th	eir



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

Official Bureau Name (please type or print)  SA Burney Threadgill, Jr.  The following person is designated as my beneficiary for Name (primary beneficiary; use given first name if female Address  P.O.Box 5025 Carmel, Calif		Office of Assignment (or SOG Division)  San Francisco  Fund:  Relationship  wife
The following person is designated as my beneficiary for Name (primary beneficiary; use given first name if female Address	Special Agents Insurance I	Fund: Relationship
Name (primary beneficiary; use given first name if female	~)	Relationship
Address	e) b6	· · · · · · · · · · · · · · · · · · ·
		# TT 0
	ornia	* ×
Name (contingent beneficiary, if desired; use given first		Relationship
Address none		
The following person is designated as my benefic beneficiary of agents killed in the line of duty, other that Name (primary beneficiary; use given first name if female)	n travel accidents.	Relationship
Address		
Name (contingent beneficiary, if desired; use given first	name if female)	Relationship
Address		
Payment Re Special <i>L</i> . is Inc	surance Fund	uly yours,
JAN 1 1	<b>Bur</b> (6)	mey Threadgill, Jr.
	N. KIL	Dury Theredered &

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE THE REPORT OF PERSONANCE BATTLES

### REPORT OF PERFORMANCE RATING

•		•	
Name of Employee:	BURNEY THREADG	ILL, JR.	•
Name of Employee.			
Whom Assisted	San Francisco		
Where Assigned:	(Division)	(Section, Unit)	<del></del>
Official Position Title	and Grade: Sp	ecial Agent, GS-13	
Rating Period: from	April 1, 1965	March 31,	1966
Turning Total Trois	·	•	
ADJECTIVE RATING:	EXCELLENT	1	Employee's
7.00E07172177111101	Outstanding, Excellent,	Satisfactory, Unsatisfactory	86
	$\alpha$		·
(-1)	m Budge	Supervisor	2/27/66
Rated by:	Signature 2	Title	3/31/66 Date
XII		Special Agent	2 400
Reviewed by:	to O Frum	in Charge	3/31/66
	Signature	Title	Date
Rating Approved by	O. Ola Ran		100.00
	Signature	Assistant Director	APR 22 1966
	TYPE OF R	REPORT	
	X Official	Administrat	ive
*	Annual	☐ 60-Day	
	REC-143		ion from Service
	*	4 APR Special	300 -
2 APR 2510	66.	S WEE	and the second
The second secon		- <b>Y</b>	

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

ame of EmployeeBURNEY THREADGILL, JR.	<sub>Title</sub> Special AGent, GS-13
	Rating Period: from 4/1/65 to 3/31/
RATING GUIDE AI	ID CHECK-LIST
compared. RATE ITEMS AS FOLLOWS:  Dutstanding (exceeding excellent and deserving of special comm	ance should be rated. All employees in same salary grade should endation).
Excellent.  Satisfactory (good or very good).	
Unsatisfactory.  No opportunity to appraise performance during rating period.	
uide for determining adjective rating:	
"Outstanding" adjective rating requires (A) that all elements be + a narrative details, including reasons for considering each worthy of Sp. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will rather than following any mechanical formulas; however, for an employ any performance evaluation factors on the rating guide and check-list such rating factors. Good judgment must be exercised to insure that a A. Any element rated "Unsatisfactory" must be supported by narrative.  B. An official rating of "Unsatisfactory" must be supported in writing the supported by supported in writing the supported in writing the supported in writing the supported by supported in writing the supported in writing the supported in writing the supported by supported by supported in writing the supported in writing the supported in writing the supported by supported by supported in writing the supported by supporte	ecial Commendation and be attached to FD-185a. depend upon the composite result of evaluating all rated elements ree to be rated "Excellent" he must not be rated unsatisfactory on and must be rated "Excellent" or "Outstanding" on the majority of dijective rating is reasonable in the light of elements rated. e comments.
(1) Personal appearance.	(16) Firearms ability.
+ (2) Personality and effectiveness of his personal contacts.	(17) Development of informants and sources of
(3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to	information.  (18) Reporting ability:
equitably share work load).	(18) Reporting ability:  (a) Investigative reports  (b) Summary reports
(4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity.	(b) Summary reports (c) Memos, letters, wires
(6) Forcefulness and aggressiveness as required.	(Consider: Feongiaeness: Fel
(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	organization; Ethoroughness  Laccuracy; Ladequacy and pe
proper conclusions, ability to define objectives.  (8) Initiative and the taking of appropriate action on own responsibility.	of leads; <b>E</b> administrative detail. (19) Performance as a witness.
(9) Planning ability and its application to the work.	(20) Executive ability:
(10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to	(a) Leadership
duties	(c) Planning
(12) Productivity, including amount of acceptable work	(d) Making decisions
produced and rate of progress on or completion of assignments. Also consider adherence to deadlines	(e) Assignment of work (f) Training subordinates
unless failure to meet is attributable to causes beyond	(g) Devising procedures
employee's control. (13) Knowledge of duties, instructions, rules and regulations,	(h) Emotional stability (i) Promoting high morale
including readiness of comprehension and "know how"	
of application. (14) Investigative ability and results:	(21) Ability on raids and dangerous assignments:(a) As leader
(a) Internal security cases	(b) As participant
(b) Criminal or general investigative cases	(22) Organizational interest, such as making of sug
(d) Applicant cases	(23) Ability to work under pressure.
(15) Physical surveillance ability.	(24) Miscellaneous. Specify and rate:  Dictation ability
Specify general nature of assignment during most of rating period (sucsupervisor, instructor, etc.):	h as security, criminal, applicant squad, or as Resident Agent,
Resident Agent	
Specify employee's most noteworthy special talents (such as investig Investigator	ator, desk man, research, instructor, speaker):
(1) Is employee available for general assignment wherever needs of	service require? Yes (If answer is not "ves " explain in parreti
comments.)  (2) Is employee available for special assignment wherever needs of a comments.)	ervice require? Yes (If answer is not "yes," explain in narration
1. Has employee had an abnormal sick leave record during rating per leave or LWOP for illness) during rating period than the amount of siquestion is "yes," explain in narrative comments.)	od? No 2. Has employee used more sick leave (including and ck leave earned during such period? No (If answer to either
Is employee qualified to operate a motor vehicle incidental to his off If answer is "yes," personnel file must reflect the following: (a) Ha (b) Is physically fit to drive. (c) Past safe driving record OK or has	s valid State of Yocal operator's license for type vehicle he is to u
EXCELLE	
ADJECTIVE RATING:	EMPLOYEE'S INITIALS PO
Outstanding Excellent Satisfacto	

### NARRATIVE COMMENTS

### 1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL has a very pleasant personality and is very well regarded by his fellow employees and the general public. He dresses in a very neat, business-like manner and is a fine representative of the Bureau.

### 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

During the rating period, SA THREADGILL apprehended two Bureau fugitives and was engaged in physical surveillances under conditions that could be considered dangerous. SA THREADGILL is an experienced Agent and is well qualified to lead or participate in raids or dangerous assignments.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION</u>:

There are no limitations on SA THREADGILL's availability and no physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

During this rating period, up until 9/13/65, SA THREADGILL was assigned to the Security-C Squad as a Resident Agent at Berkeley, Calif. He has specialized in the investigation of the Socialist Workers Party, Young Socialist Alliance and Progressive Labor matters. Most of his assignments had to do with individuals who have some connection with the University of California (UC). Of necessity, these investigation demanded the exercise of excellent judgment and tact. SA THREADGILL has displayed the ability to handle complicated investigative matters with a minimum of supervision. He has also conducted physical surveillances in connection with student demonstrations at UC, as well as racial matter demonstrations within his On 9/13/65, SA THREADGILL was transferred to the Monterey, Calif. RA, assigned to the Selective Service-TFIS Squad. Since his assignment to the Monterey RA, approximately 60% of his assignments are in the security-accounting type classifications. He exhibits common sense and excellent judgment in the handling of his work. His investigations are accurate and well planned, and he discharges his responsibilities quickly and efficiently. He is aggressive where necessary and has demonstrated the ability to handle the most complicated cases with a minimum of supervision. His attitude is outstanding and he has demonstrated true devotion and loyalty to the Bureau. Since 9/13/65, SA THREADGILL has contributed to the statistical accomplishments of the San Francisco Division, being credited with two fugitive apprehensions. He is fully this aware of the importance of the Bureau applicant recruitment program and/phase of the Bureau's work. He is fully entitled to the rating of Excellent.

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

· NA

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

NA

### 7. PARTICIPATION IN INFORMANT PROGRAMS:

During the rating period SA THREADGILL developed six PSIs and three CSs, and is presently handling three PSIs and one CS. He is fully aware of the importance of this phase of the Bureau's work and his performance has been excellent in this regard.

8. TESTIFYING EXPERIENCE AND ABILITY:

During the rating period SA THREADGILL testified on one occasion before the U. S. Commissioner. He has testified numerous times in the past and is a competent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

### 11. RESIDENT AGENTS:

SA THREADGILL is a mature, well experienced, above-average agent and can handle the most difficult assignments with a minimum of supervision. He is, therefore, well suited for his assignment as a Resident Agent.

O6 Initials

# 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE NÁ

3:	FOREIGN LANGUAGE ABILITY
ΝA	A - 문화기술취 전쟁에 경찰 시험점이 자연하고 있다. 그런 다리 사람이 다른 다른 사람이다.
	Language in which proficient
	Completed language school Yes No
	Fluent inlanguage to extent Agent can handle typical investigative
	problems as follows: (1) Conversation form Yes No
	(2) Written form Yes No
	Evaluate language proficiency in each phase as excellent, very good, good, fair or
	unsatisfactory
	Language Read Write Speak Understand
ν.	는 하는데 가장 없는 그리고 있습니다. 하는데 이번 바다를 다고 있는데 보다 하는데 되었다. 그 사람들은 다른데 다른데 되었다면 다른데 다른데 다른데 다른데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면
, .	
	Frequency language ability used during rating period:
•	Frequency of use oflanguage ability anticipated during ensuing year:
: '	
4.	ADMINISTRATIVE ADVANCEMENT:
	(a) Agent is interested in administrative advancement. Yes No
•	(b) Agent is completely available for administrative advancement. Yes No
	(c) Agent is considered completely qualified at present for
	administrative advancement, including experience, ability,
	personality and appearance.
-	(d) If answer to (c) is "Yes," Agent's qualifications considered
	yery good excellent outstanding
٠.	(e) If answer to (c) is "No," Agent considered to have potential
٠.,	for future administrative advancement. (If applicable,
•	explanatory comments required.)
	,一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大

FORM 3-842 (9-14-64) APPROVED COMP GEN. U.S. 4-5-63 IN LIEU OF

# FEDERAL BUREAU OF INVESTIGATION

	THREADGILL BU	RNEY JR		42	6-14-1799
· · · · · · · · · · · · · · · · · · ·			F BASIC CHANGE		
ODE - NATU	IRE OF ACTION		EFF	ECTIVE DATE	DATE OF LAST EQUIV. INCR
89	2 - QUALITY INCREASE	896 – AD	MIN. PAY INCREASE		
X 89	3 - WITHIN GRADE INCREASE	897 - AD	MIN. PAY DECREASE		*
89	4 - PAY ADJUSTMENT	OTHER (SI	PECIFY IN REMARKS)	6/ 5/66	6/ 7/64
GRADE OR LEV	EL STEP OR RATE	OLD SALARY		NEW SALARY	W 7 7 W 1
GS-1.	STEP 7	\$1	W,685.00	\$	15,120.00
· .,			PAID ABSENCE		
PERIOD(S)		8	TOTAL EXCESS IN PAY S	STATUS AT END OF WAIT	ING PERIOD INITIALS
X EN	IPLOYEE'S WORK IS OF AN	ACCEPTABLE LEVEL	OF COMPETENCE.		
EN	IPLOYEE'S PERFORMANCE	RATING IS SATISFACT	ORY OR BETTER.		
EMARKS:			, Idga	, drow	<b>~</b>
	Name and Address of the Owner, where the Owner, while the				6/ 5/66

SA BURNEY THREADGILL, JR.

Special Agent

EOD: 7/21/47

GS 13 at \$15,561.00

Veteran: No

Not on Probation

Reserve Status: None

Not on Limited Duty

NSAC LYNUM 9/20/66

This Write-Up is being prepared as SA BURNEY THREADGILL, JR. is involved in a substantive Write-Up.

SA THREADGILL is a Resident Agent at Monterey assigned to Squad Number 6, and primarily handles criminal investigations including Selective Service and Applicant type matters from Desk Number 6 and 7. He also handles criminal matters from Desk Number 1 and 2 and Security matters from Desk Number 8 and 9.

SA THREADGILL is an experienced investigator, who has demonstrated the ability to handle the most complicated investigative matters. His performance is characterized by his resourcefulness and initiative. He contributes materially to the statistical accomplishments of the office and for the past year his caseload has been high and consistently above the office average. He has had an exceptionally high number of complicated Conscientious Objector cases and Applicant matters. One of the outstanding qualities of SA THREADGILL is his willingness to voluntarily assist in any of the more complicated investigative matters. His attitude is outstanding and he has demonstrated a true devotion and loyalty to the Bureau. SA THREADGILL is considered an excellent agent and is not at the present time interested in administrative advancement.

Rating: Excellent

SAN FRANCISCO INSPECTION 9/20/66 RMA/slc

OCI 10 Chamy have 88 At Jan Byrn & W. II 1060 10 W

INSPECTOR K. W. WHITTAKER: (O. T. Jacobson:wmj 10/4/66)

Interview and observation of SA Threadgill by the Inspector indicates he is a devoted, loyal employee, conscientious

towards his work, and carries an above-average case load. His casedosings, VOT and TIO are all satisfactory. Although available for general or special assignment he is not interested in Administrative advancement, preferring to lend his talents to investigative work solely for which he is well suited.

During the San Francisco inspection one substantive error (copy of write-up attached) was detected in a selective service case assigned to him. The case was assigned to SA Threadgill on March 14, 1966, on a lead from Chicago to interview an individual at Fort Ord, California, who was believed to be the sought-after delinquent registrant. This interview was not accomplished until 7/26/66, The results of which were then furnished to Chicago which confirmed that the registrant was in fact already in military service.

SA Threadgill was requested to explain his delay in interviewing the registrant. Threadgill advised that during this period he was carrying an abnormally high case load of priority conscientious objector matters, fraud and bribery cases, and other type deadline cases. In attempting to handle his case load on a priority basis this selective service matter was not investigated due to the other cases SA Threadgill felt needed more expedite attention.

### OBSERVATIONS:

Interview of the individual at Fort Ord believed to be the registrant was the crux of this selective service case, because confirmation of his already being in military service would have an essential bearing on his selective service delinquency. Despite his priority cases SA Threadgill by proper planning should have been able to have arranged an interview at Fort Ord, California (approximately 5 miles distant from Monterey, California, RA, where assigned) without substantially changing his accomplishments in his other cases. His explanations in this regard are not satisfactory and he should be held culpable for a delay in investigation of over 4 months.

### RECOMMENDATIONS:

l. SA Threadgill be censured for his delayed investigation of over 4 months in not interviewing the registrant in a selective service case. If approved, Administrative Division to handle.

14

2. Retain as Resident Agent.

W

3. Responsibility of other field personnel being handled separately.

74

4. There is no Seat of Government responsibility as this dereliction could only be detected by a review of the field office file.

71/

### SUBSTANTIVE ERROR WRITE-UP

SSA, 1948 SF File 25-63448

INSPECTOR K. W. WHITTAKER: This is a pending case, Chicago origin, which is assigned to SA BURNEY THREADGILL, JR., and supervised on the desk of SA RAY M. ANDRESS.

Division was instituted upon receipt of a letter from Chicago
dated 3/11/66. In this letter Chicago indicated that the mother
of the Registrant had advised that entered the U. S. Army
and correspondence from him indicated he was using the name of
and furnished his address at Fort
Ord, California. The lead, therefore, was for the San Francisco
Division to interview and determine if he was
identical with the Registrant.
Review of the file discloses that
was interviewed by SA TUREADGILL at Fort Ord on
This case was opened in the San Francisco Division 3/14/65.
This is a delay in excess of four months from the time of receipt
of the lead. The results of this interview were set forth on an
FD-302 and transmitted to Chicago. During the interview
l ————————————————————————————————————
<u></u>

Explanation requested of:

Investigation in the San Francisco

1. SA BURMEY IMREADGILL for his delay in interviewing the Registrant at Fort Ord, California.

SAM FRANCISCO INSPECTION 9/15/66 OTJ:yml

SA RAY M. ANDRESS for failure to detect this delay during the supervision of this case.

Comments of SAC requested.

SA THREADGILL: The writer regrets the necessitated delay in 9/19/66 interviewing the Registrant in this case. During the period covered by this investigative matter, 3/14/66 to 7/26/66, the writer maintained an average of 58 investigative matters, of which 42 were cases assigned to him. Most of the Agent's time had to be devoted to Applicant, Bribery and Fraud, complicated Conscientious Objector deadline matters and other type deadline cases which afforded no opportunity to handle these matters in the order received. In spite of this situation, it was felt that by working on a priority basis all

work would be accomplished, however, this situation was further complicated by three full-field Conscientious Objector investigations plus one complicated Applicant case and a number of other Applicant matters which were not anticipated and required immediate and full attention during the month of May and the first of June, 1966. With a return to a near normal workload the writer will do everything possible to prevent any recurrence in the future of a delay in any investigative matter assigned him.

**GUPERVISOR ANDRESS:** 9/19/66

I regret that the heavy case load on my desk caused me to inadvertently overlook this case. I have reevaluated my Supervisory

procedures to avoid any inadvertent errors of this kind.

SAC LYNUM:

SA THREADGILL is an excellent Agent, who has £9/20/66 handled a large number of Applicant, Criminal and Security cases in the Monterey Resident Agency in an outstanding manner. He is the type of Agent who conscientiously applies himself to the task at hand. Based on his past performance, I feel that his overlooking this particular case was not due to poor work habits or lack of interest but because of his high work load and large number of deadline matters. Supervisor ANDRESS also has had an exceedingly high volume of work on his desk and he has also demonstrated his ability to follow cases and obtain maximum results with the men assigned to his squad.

KWW

ADDENDUM, INSPECTOR K. W. WHITTAKER: 9/23/66

There is no Seat of Government culpability because the deficiency

in this instance could only have been detected through a review of the field office file.

October 7, 1966 PERSONAL The explanation

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

There was an unreasonable delay on your part in . handling a pertinent interview in connection with the Selective Service Act case involving which you submitted to the Inspector regarding this matter has been carefully considered; however, there was no excuse whatever for your failure to bring this matter to a prompt and logical conclusion.

In the future, you will be expected to handle your investigative assignments in a more prompt and efficient manner so that a similar delinquency will not again be chargeable to you.

MAILED 3 OCT 7 - 1966 COMM-FBI

REC-131 157- 4100 Very truly your

J. Edgar Hoover

John Edgar Hoover Director

Red	b

DeLoach

Casper

Lavel Trotter Tele, Room Holmes.

Callahan Conrad -

1	-	SAC,	San	Francisco	(Personal	Attention	)
1		Maria	mani				,

1 - SOG, San Francisco Office Personnel File

HNB:mfl MAC

Based on San Francisco Inspection Personnel Write-up, 9-20-66, RMA:slc.

MAIL ROOM TELETYPE UNIT



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

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For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

	au Name (please type or print)		Date	Office of	Assignment (or SO	G Division)
	The state of the s		1			
SA Bur	ney Threadgill. Jr.		10/20/66	SF		100
The followin	g person is designated as my b	eneficiary for Speci	al Agents Insurance F	und:	*	
Name (prima	y hanaficiary usa given first r	eme if female)			Relationship	
		_b6			wife	
Address	Box 5025 Carmel, California				1.7	7
Name (contin	gent beneficiary, if desired; us	e given first name	if female)		Relationship	-0.*
			7.			* *
Address						0.8
	e to designate the above-listed					. ,
	f agents killed in the line of d		ar decidents.			**
Name (prima	y beneficiary; use given first r	ame if female)			Relationship	
**					relationship	*
					Relationship	
Address					Relationship	
	gent beneficiary, if desired; us	e given first name	if female)		Relationship	
Address Name (contin	gent beneficiary, if desired; us	e given first name	if female)			
Name (contin	gent beneficiary, if desired; us	e given first name	if female)			
Name (contin		se given first name	if female)  Very trul	y yours,	Relationship	
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Name (contin	Pa Special A	yment Desend	Very trul	y yours,	Relationship	Die

Sandard Form 88 Rev. June 19563 Bureau of the Budget

### REPORT OF MEDICAL EXAMINATION

quast name=first name = middle HREADGILL, Burney,	TAME TO A CONTRACT OF THE PARTY		2. GRADE AND COMPONENT OR POSITION Special Agent FBI	3. IDENTIFICATION NO
HOME ADDRESS (Number street or I	RFD, city or town, zone	and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
armel, California			Annual	18 Aug 66
the programme of the second	- 1-1		14.	
SEX 8. RACE		RS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION U	
le Caucasia		y Civilian 19y		sco, California
DATE OF BIRTH 13. PLACE C	•		14. NAME, RELATIONSHIP, AND ADDRESS OF N	b6
Oct 21	Biloxi, Mis	sissippi	Wife:	
EXAMINING FACILITY OR EXAMINER,	THI GIT AND	CMAMOR AND TOO	Sameas #4 abo	ve
		0-748-m-t-	16. OTHER INFORMATION	•
S. Naval Hospita		carifornia	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
RATING OR SPECIALTY 27 76		*	1	1
CLINICAL EVALUAT	ION	NOTES (Describe eve	ry abnormality in detail. Enter pertiner	nt item number before each
(Check each item in appr		comment	Continue in item 73 and use additional si	heets if necessary.)
L umn, enter "NE" it not 3 18 HEAD FACE NECK AND SCA		†~· <u>.</u>	*	•
C 190 NOSEO DE LA SELLA BASSA		#25 Microane	errysm and small area of	deep hemorrhage
20 SINUSES		inferior	to macule, OS. Recomme	end GTT and follo
S. 21. MOUTH AND THROATELE		in 2 mon		
22. EARS—GENERAL (Int. & ext.	canals) (Auditory items 70 and 71)			
23. DRUMS (Perforation)		#29 Function	al apical systolic Gr I	murmur, NCD.
24. EYES-GENERAL (Visual acui	ty and refraction 59, 60 and 67)	1100		
25. OPHTHALMOSCOPIC	X	√#39 Marks an	d scars: Same as prior	physicals, NCD.
26. PUPILS (Equality and reacti		llma		
27. OCULAR MOTILITY (Associate	d parallel move - ilnomus)	#50 OTHER TE	STS:	,
28. LUNGS AND CHEST (Include			arr. rma 6 haa	•
29. HEART (Thrust, size, rhythn	, sounds)	t .	GY: WBC 6,400	7 Yaman 1 - 00
30. VASCULAR SYSTEM (Varicos		Dirrer	ential: Neut 71, Bands	T, Lympns 23,
31. ABDOMEN AND VISCERA (In-			Monos 2, Eos 3	
32. ANUS AND RECTUM (Hemorr)	oras, fistulae) if indicated)	Hemato	erit: 45%	
33. ENDOCRINE SYSTEM		OT IN OCH	MOTERANICE MECH. 102 A 4	<b>(6)</b>
35 HERER EXTREMITIES (Streng	th, range of	GLOCOSE Fastin	TOLERANCE TEST (23 Aug 6 g 78 mg%	<i>.</i> )
35. UPPER EXTREMITIES (Streng motion)		1/2 hc		
36. FEET  37. LOWER EXTREMITIES (Except (Strengt))	feet) -	1 hour		0316-10
38. SPINE, OTHER MUSCULOSKE		2 hour	3 02 11870	Numbered
39. IDENTIFYING BODY MARKS. S				NOV 25 1006
40. SKIN, LYMPHATICS		┥ . ゙.	s (0 mg%)	MOA COM 1000
~ 41: NEUROLOGIC (Equilibrium ter	its under item 72)	<b>-</b>	THE LAND LAND LAND LAND LAND LAND LAND LAND	λ
41: NEUROLOGIC (Equilibrium ter 42. PSYCHIATRIC (Specify any per		2 ENGLOS	المالية	🕽 🖄 🚉 🚶 5.5 - 7.
43. PELVIC (Females only) (Che			REC-130	T
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DENTAL (Place appropriate symbols		of upper and lower teeth, respe	ctively.) REMARKS	ND ADDITIONAL DENTAL
-Restorable teeth	X-Missi		(6 X8) — Fixed bridge, brackets to	ND DISEASES
	$(6 \mathbf{x}) 0$	ced by dentures	include abutments	ን ተተተ ርሚላኒና
-Nonrestorable teeth	( <u>v</u> <u>a</u> / 0	9 10 11 12	13 14 15 16 E CLAS	
(-Nonrestorable teeth	6 <sup></sup> 7 8		20 19 18 17 7 1	TELED
/Nonrestorable teeth  X  1 2 3 4 5  32 31 30 29 28	27 26 25	24 23 22 21		JAN ARAZ
/—Nonrestorable teeth	27 26 25	24 23 22 21	- Carl	
/-Nonrestorable teeth  X  1 2 3 4 5  32 31 30 29 28	100	24 23 22 21		
(-Nonrestorable teeth  X  1	1.025	LABORATORY FI	NDINGS 46. CHEST X-RAY (Place, date, film number	and result)
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Standard Form 89 (Rev. Aug. 1950) Boreas of the Budget Circular A-32

### REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNA ORIZED PERSONS L LAST NAME FIRST NAME -- MIDDLE NAME 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. 5. PURPOSE OF EXAMINATION 7HREADGILL \_ 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) ANNUAC CALIF. ARMEL, 9. TOTAL YEARS GOVERNMENT SERVICE 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF K 10/28/ BILOXI -15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16. OTHER INFORMATION 17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other)-18. FAMILY HISTORY RELATION(S) RELATION AGE STATE OF HEALTH IF DEAD, CAUSE OF DEATH YES NO (Check each item) HAD TUBERCULOSIS FATHER MOTHER 600D HAD SYPHILIS HAD DIABETES SPOUSE HAD CANCER HAD KIDNEY TROUBLE BROTHERS HAD HEART TROUBLE AND HAD STOMACH TROUBLE SISTERS HAD RHEUMATISM ( Arthritis HAD ASTHMA, HAY FEVER, CHILDREN HAD EPILEPSY (Fits) COMMITTED SUICIDE BEEN INSANE 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) YES NO (Check each item) SCARLET FEVER, ERYSIPELAS GOITER TUMOR, GROWTH, CYST, CANCER 'TRICK'' OR LOCKED KNEE FOOT TROUBLE DIPHTHERIA TUBERCULOSIS -RUPTURE SOAKING SWEATS NEURITIS RHEUMATIC FEVER APPENDICITIS (Night -sweats) SWOLLEN OR PAINFUL JOINTS PARALYSIS (Inc. infantile) PILES OR RECTAL DISEASE ASTHMA SHORTNESS OF BREATH EPILEPSY OR FITS MUMPS FREQUENT OR PAINFUL URINATION WHOOPING COUGH PAIN OR PRESSURE IN CHEST KIDNEY STONE OR BLOOD IN URINE CAR, TRAIN, SEA, OR AIR SICKNESS FREQUENT OR SEVERE HEADACHE CHRONIC COUGH SUGAR OR ALBUMIN IN URINE FREQUENT TROUBLE SLEEPING DIZZINESS OR FAINTING SPELLS PALPITATION OR POUNDING HEART BOILS FREQUENT OR TERRIFYING NIGHTMARES DEPRESSION OR EXCESSIVE WORRY EYE TROUBLE HIGH OR LOW BLOOD PRESSURE VENEREAL DISEASE LOSS OF MEMORY OR AMNESIA EAR, NOSE OR THROAT TROUBLE CRAMPS IN YOUR LEGS RECENT GAIN OR LOSS OF WEIGHT RUNNING EARS FREQUENT INDIGESTION ARTHRITIS OR RHEUMATISM BED WETTING NERVOUS TROUBLE OF ANY SORT CHRONIC OR FREQUENT COLDS STOMACH, LIVER OR INTESTINAL TROUBLE BONE, JOINT, OR OTHER DEFORMITY SEVERE TOOTH OR GUM TROUBLE ANY DRUG OR NARCOTIC HABIT GALL BLADDER TROUBLE OR GALL STONES LAMENESS JAUNDICE EXCESSIVE DRINKING HABIT SINUSITIS LOSS OF ARM, LEG. FINGER, OR TOE ANY REACTION TO SERUM, DRUG OF HOMOSEXUAL TENDENCIES HAY FEVER PAINEUL OR "TRICK" SHOULDER OR ELBOY

WORN A BRACE OR BACK SUPPORT 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

WORN HEARING AIDS

21. HAVE YOU EVER (Check each item)

WORN AN ARTIFICIAL EYE

STUTTERED OR STAMMERED

WORN GLASSES

BLED EXCESSIVELY AFTER INJURY OR 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

ATTEMPTED SUICIDE

COUGHED UP BLOOD

BEEN A SLEEP WALKER

LIVED WITH ANYONE WHO HAD TUBERCULOSIS

25. WHAT IS YOUR USUAL OCCUPATION?

22. FEMALES ONLY: A. HAVE YOU EVER-

HAD A VAGINAL DISCHARGE

HAD PAINFUL MENSTRUATION

HAD IRREGULAR MENSTRUATION

BEEN TREATED FOR A FEMALE DISORDER

BEEN PREGNANT

26. ARE YOU (Check one) RIGHT HANDED LEFT HANDED

B. COMPLETE THE FOLLOWING:

AGE AT ONSET OF MENSTRUATION

INTERVAL BETWEEN PERIODS

DURATION OF PERIODS

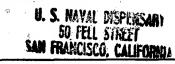
DATE OF LAST PERIOD

QUANTITY: NORMAL EXCESSIVE SCANTY

Initials

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A SMORTH TO CHEMICAL ROST SALLANT FOR  I RABILITY TO SEGUE CERTAIN ROSTING  C INMULTY TO ASSUNC CERTAIN ROSTING  B. WAS THE LICEN ROSTING CERTAIN ROSTING  B. WAS THE LICEN ROST MAY BE PROBABLY TO BE STANDARD THE STANDARD STANDAR			27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
1 B. NAMELTY TO RESIDUE CERTIAN POSTRONS C. C. PARRIETTY TO RESIDUE CERTIAN POSTRONS D. CYPERINDENE RESONS (Types, Mark resource)  23. MANY CUT LIVER PORKED WITH RESONDE STUDIES CONTROL PROCESSOR (Types, Mark resource)  24. MANY CUT FOR PETER CENTER SEVERAL PROCESSOR STUDIES CONTROL PROCESSOR (Types, Mark resource)  25. MANY CUT FOR PETER CENTER SEVERAL PROCESSOR AND		س	·	
D. OTHER MIDICAL RESONS (If yee, give reasons)  28. INNEC DU VERN WORLD WITH ADDOCTOTE CID.  29. DIG YOU WORLD STREET BY WITH SOCIOL STUDIES  OF TEX-CIDES (If yee, yee) and wash)  30. MOST TOUTH RETURNING CONTROL HE PRODUCTS  (10.) REALTH OF LIVE, a state reason and give  (11.) MOST TOUTH RETURNING CONTROL HE PRODUCTS  (12.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (13.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (13.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (13.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (13.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (13.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (14.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH A STREET BY CONTROL  (15.) MOST TOUTH ON THOSE TOUTH ON THOSE BY TOUTH ON THE BY TOUTH ON THOS		F .		- · · · · · · · · · · · · · · · · · · ·
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ON TECHNICAL PRICE OF PRICE AND CONTROL OF THE MATTER OF THE STORY OF THE MATTER OF THE MEDICAL PRICE OF YOUR MEATURE (If yes, state reason and give details)  31. INVEYOU FERR EETE DELIVE ROSE OF THE METERS OF TH		1	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-	
OF YOUR PIECETT (If yes, state present and give details)  31. INVEYOU FERR EERS PIECET FOR METAINS  22. MAYE YOUR HAD OR NAW YOU BEEL MOVISED TO HAVE AND YOUR AND YOUR AND YOUR	-,		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	s
Of Poes, state resours and give details)  2. ANN YOU EVEN BEEN A PATIENT (COMMISSED YMEN, ANY OFBERTIONS) (If you, detective and give age at which owners), detective and give age at which owners)  33. HAVE YOU EVEN BEEN A PATIENT (COMMISSED AND AND AND AND AND AND AND AND AND AN			OF YOUR HEALTH? (If yes, state reason and give	E
ANY OF STREETS, PATHER STREETS  33. HAVE YOU STEE BEES & PATHER STREETS  15. HAVE YOU STEED BEES & PATHER STREETS  15. HAVE YOU STEED BEES & PATHER STREETS  16. HAVE YOU STEED BEES & PATHER STREETS  16. HAVE YOU STEED BEES & PATHER STREETS  17. HAVE YOU STEED BEES & PATHER STREETS  17. HAVE YOU STEED BEES & PATHER STREETS  18. HAVE YOU STEED BEES & BEES & PATHER STREETS  18. HAVE YOU STEED BEES & PATHER S			31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE?	
33. HAVE YOU FIELD BEEN PAYER AND REMAINED  WOULD IT IN A MERITAL HOSPIACA OR SANATOR HUNG If yes, specify whon, where, why, and hospital of citing of hospital hos	, .		ANY OPERATIONS? (If yes, describe and give	e
THAN THOSE METALY NOTED! (If yes, specify when, where, and five defined by clinics, and defined).  35. HAVE YOU CONSULTED ON BEEN TREATED BY CLINICS, within the year of the property of the p	:		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and name of doctor, and complete address of	1. d
PHYSICIANS MELLER, OR OTHER PRACTITIONERS WITHIN THE MEST SY YEARS (I) (1) year, give com- and details)  36. HAVE YOU TREATED YOURSELF FOR ILLIESS'S OTHER THAN MINOR COLDS: (If year, are date and reason for SERVICE SECURES OF PHYSICIAN SERVICE SECURES OF PHYSICIAN MOTHER ERASONS (If year, are date and reason for rejection): (If year, give date, reason, and type of discharge: whether hunorable, suitability)  139. HAVE YOU EVER FROM INCHARGE FROM INLINATY FERSION OR COMPRISATION FOR EXISTING INSENS. If Y' (If year, give date, reason, and type of discharge: whether hunorable, suitability (If year, give date, reason, and type of discharge: whether hunorable, suitability (If year, give date, reason, and type of discharge: whether hunorable, if y' (If year, give date, reason, and type of discharge: whether hunorable, suitability (If year, give date, reason, and type of discharge: whether hunorable, suitability (If year, give date, reason, and type of discharge: what kind, granted by year of the property of the pr			THAN THOSE ALREADY NOTED? (If yes, specify	R V
THEN MINOR COLOSE (If yes, which illnesses)  37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICES BECAUSE OF PHYSICIAN, MENTAL OR OTHER RESONS (If yes, give date and reason for respection) filters.  38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE REASONS (If yes, give date, reason, and type of discharge, whether honorable, souther reason, and type of discharge or whether honorable, souther than the property of the property of the souther of the property of the prop			PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic,	S
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AUTHORIZE ANY-OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FUNNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR OF PROCESSION MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE  TYPED OR PRINTED NAME OF EXAMINEE  SIGNATURE  SIGNATURE  OF PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in it has 80 thru 359)  TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER  DATE  SIGNATURE  SIGNATURE  SIGNATURE  NUMBER OF ASSECTS SIGNATURE  NUMBER OF ASSECTS SIGNATURE		1	YOU APPLIED FOR OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABIL- ITY? (If yes, specify what kind, granted by	R
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Frandard Form 600 Promulgated Nov. 1952 By Bureau of the Budget Circular A—32





HEALTH RE	CORD CHRONOLOGICAL RECORD OF MEDICAL CARE	CHRONOLOGICAL RECORD OF MEDICAL CARE					
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)						
1 . XUV							
L 8 NOV 19 <b>56</b>	P. G. McALLISTER SUMM						
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SEX RACE GRA	DE, RATING, OR POSITION ORGANIZATION UNIT COMPONENT OR BRANCH SERVICE, DEPT. OR AGENCY						
MC5	PECIAL AGENT FBI FBI DEPT OF STREET OF BIRTH (DAY-MONTH-YEAR) IDENTIFICATION NO.	SUST1					
THREADO	ILC, BURNEY, Jr. 28 OCT 1921 4303						

67-420376 CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of E (Type or pri)		Airumnoth	Las	t.	First		Middle
		ns of the att	ached eva	mination r	eport form ne	ed not be co	mpleted:
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	1	9 1		62 65 67		72 76	
46. Is ne	cessary un	less facilitie	es for affa	ording sam	e are not rea	dily availabl	
desir	able.					3 (4)	cates such is
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For All E	xaminees,	Whether Cle	rical or Sp	ecial Age	nt Applicants	s or Employe	es:
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To be An	swered in t	he Case of	All Male E	mployees	and Male Ap	plicants:	
			-		rohibiting his		n in defensive firearms?
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<u> </u>	<u></u>		-	•	100 (100 ) 1		
2. Does	examinee l	nave any defe	ects prohi	biting safe	operation of	motor vehic	les?
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# REC'D - ADMIN. DIV. F. B. I. Desirable Weight Ranges for Males

	Small Frame NOV 2	17 611.500	
Height	Small Frame WV 4	12 45epHinGFrame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′.6″	124 - 133	130 - 143	138 ± 157
5 <b>′ 7″</b>	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151:±(170 A)
5' 10"	140°='150,;	::	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6 <b>′</b>	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium
5.	Considering above weight table the examinee's frame, and other individual physical characteristics. I consider his present weight Satisfactory   Excessive   Deficient
6.	Under proper medical supervision, examinee should losepounds
· Re	marks: Heally wale
- 10	

(Signature of Medical Examiner) LCOR, OU E. E. FITCH LCDR MC USN

FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1742 EDITION
05A GEN. REG. NO. 27

5010--106

## UNITED STATES GOVERNMENT

## Memorandum

	-		• • • •
TO : Director, FBI	DATE:		11/21/66
00/			*
SAC, San Francisco	Attentio	on: Personnel S	Section
SUBJECT: SA BURNEY THREADGILL, JR. PHYSICAL EXAMINATION MATTER			
PHISICAL EXAMINATION MATTER		# m m	
		7	•
<u> </u>			
RemyletReBulet	·		
	•		
Re physical examination 8/18/66		. •	
Dental work was completed on		. •	
Vision has been corrected to		. Employee s	specifically instructed
(date) by		that he can o	perate a Bureau car
(date) (name of person giving i only when wearing the necessary glasses.	.ustruction)		
Results of chest X ray patch test urinalysis			
Enclosed physician's statement indicates he is qualified	ed for strenuous	s physical exer	tion and use of firearms
Enclosed are paid unpaid medical bills.	_		
Attached are Bureau of Employees' Compensation forms	8		
———————————————————————————————————————			
Physical examination reports are enclosed.			
Employee is scheduled for physical examination on  A Physical examination report has been reviewed and init			
Employee returned to active duty			<b>~</b>
		•	The Day
UACB he is being removed from limited duty.			NECORDEDE
UACB he is being placed on limited duty.			MOR 16.20
		(	2-72
Oday			
Remarks:	ovaminos	nofonnod	omployee to
As indicated under Item #75, medical USN Dispensary, SF, for follow=up co	examiner	referred	nation. This
was done on 11/18/66 and results of			
Pursuant to recommendations thereon,	unis exam	follow up	re attacheu.
da adam mandha Danasan 1997 ta banda		ioiiow-up	Will be made
THE STA MONCHS. DUTERU WITH DE REPU	auviseu.		0.0000
n - Bureau (Encla)		Max	Ja-blis
T - SF		; <u>'</u>	
COL: hko		13°,	0-6600
(2) LIGHTCLOSURE		11.	
This was			San A.
$\mathcal{A}$		•	
7 MAY 201088 771			
O - Bureau (Encl. 1) I - SF COL: hko (2)  I NOV 30 1966			$\label{eq:continuous} (x,y) = \frac{1}{2} \left( \frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right)}{1}} \right) \right)} \right)} \right)} \right)} \right) \right)} \right) } \right) } $

Mr. Warren A. Cook Federal Bureau of Investigation San Francisco, California

Mr. Cook:

Your headquarters are changed for official reasons from

San Francisco, California, to Monterey, California, effective upon your arrival there on or after this date. Travel and transportation expenses and applicable allowances and benefits for you and your dependents incidental to this transfer as provided by the Administrative Expenses Act of 1946, as amended; Bureau of the Budget Circular Number A-56, dated October 12, 1966, and implementing regulations prescribed by this Bureau, shall be paid to you or on your behalf. However, before these expenses can be paid by the Government you must agree in writing (Bureau Form FD-384) to remain with the Government for one year following the effective date of the transfer. If you are being transferred to a duty station outside the continental United States the written agreement form FD-382 need only be executed.

Very truly yours,

իի Edgar Hod

Director

1 - SAC, San Francisco (Personal Attention)(Enclosures 2) Have SA Cook execute the enclosed Forms FD-384 and return the original and copy to the Bureau. Advise the arrival date and address of Resident Agent Cook at Monterey. SA Burney Threadgill, Jr. is hereby designated Alternate Senior Resident Agent in Monterey.

Based on memo from SAC, San Francisco 3/13/67. - Personnel file of SA Burney Threadgill, Jr.

(5) 21 1967



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Special.

MAR 20

J. Edgar Hoover, Dire

is Insurance Fund

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO TI		N N
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA BURNEY THREADGILL , JR	3/1/67	SF
The following person is designated as my beneficiary for Specia	al Agents Insurance F	rund:
Name (primary t	. b6	Relationship  W(FE
P.O. Box 5025 CA	amec CA	-LIF
Name (contingent beneficiary, if desired; use given first name in	f female)	Relationship
Address		*
The following person is designated as my beneficiary unbeneficiary of agents killed in the line of duty, other than trave		ss Fund providing \$1500 death benefit to
Name (primary beneficiary; use given first name if female)		Relationship
Address		
Name (contingent beneficiary, if desired; use given first name i	f female)	Relationship
Address	- E	
	Very tru	ly yours,
Payment Deceived		

# UNITED STATES GERNMENT Memorandum

то	: Director, FBI DATE:
MARONI	: SAC, San Francisco (66-3759)
J) PEROM	SAC, Sall Francisco (00-3/59)
SUBJECT	: MONTEREY RESIDENT AGENCY
	MONTEREY RESIDENT AGENCY SAN FRANCISCO DIVISION  BUY A CAST Alternative Son Posidont Agent
	by butet 3/9/10/, Atternate Selior Resident Agent.
	of this Resident Agency, was transferred to the
for	This is a three-man Resident Agency and a replacement is urgently needed. A survey reflects that during
	ast six months the active cases have averaged 38.5 per , with leads averaging 13.2 per Agent, for an average
numbe	r of investigative matters per Agent of 51.7. It is also that these three Agents have each averaged 28.3 cases closed
per m	onth during this period. This case load has been constant e have only been able to handle this high volume of work
through	gh the assistance we received from Agents attending the age school who were on semester break during December-
	ry, 1966-67, and also by the utilization of SA who did considerable work during February while awaiting
	ignment and transfer. There is no reason to believe that case load will decrease.
0	In addition to the case load as indicated above, the
Senio	r Resident Agent,, devotes considerable s time to the handling of language school students and it
is es	timated that approximately 50% of his time is necessary his purpose. We have also found it necessary to occasionally
utili	ze Agents from Headquarte <u>rs in t</u> his Resident Agency and
been	the authorization of the
	ent Agency.
twane	It is recommended that SA WARREN A. COOK, EOD 8/10/42, be ferred from Headquarters in San Francisco to the Resident
Craiis	the state of the s
3 - B	ureau MAR 27 1967 REC-134 67-1967
3 <b>-</b> 3	1 - 66-3759) 1 - pers. file Cook) WAN 15 1967
) (	1 - pers. file Threadgill) / pi
JTM: 1: (6)	
	MAR 27 1069

Agency at Monterey, and that SA BURNEY THREADGILL, JR., presently assigned Monterey, be designated Alternate Senior Resident Agent.

SA COOK is a thoroughly mature Agent who has repeatedly demonstrated the ability to handle any type of investigative or administrative assignment. He has the appearance, stability and good judgment to perform satisfactorily as a Resident Agent.

While it is noted that SA THREADGILL was censured in October 1966, when the Inspector noted a delay in handling a Selective Service case, all of his work, with the exception of this single instance, has been handled in an exemplary fashion, and in view of his knowledge of the territory and particularly the handling of the language school at Monterey, it is felt that he will make an excellent Alternate Senior Resident Agent.

Records of SA'S COOK and THREADGILL satisfactory.

Work Coad warrants replacement.

OK to trousfur SA COOK to Monterey California as

Resident agent.

OK to designate SA THREADGILL as Alternate

Person Resident agent.

3-16-67

LOHJAP

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

			11/2	
	REPORT OF	PERFORMANC	E RATING A	
			STIGATION OF JUSTICE ERATING	
me of Employee:	BURNEY THRE	ADGILL, Jr	•	**
Where Assigned:	San Francis	co		
	(Division)	A	(Section, Un	i <b>t)</b>
Official Position Tit	le and Grade:S	pecial Ager	nt, GS-13	
ating Period: from	April 1,	1966t	o March 31,	1967
*		. (		2.70 W 188
DJECTIVE RATING:	E	XCELLENT		Employee's Initials
	Outstanding,	Excellent, Satis	factory, Unsatisfactory	<u>B</u> 5
ated by:	Fan M.	medress	upervisor	3/31/67
4	Signature C. La	g S <sub>I</sub>	Title pecial Agent n Charge	Date 3/31/67
eviewed by:	Signature	Pan	Title Assistant Director	APR 25 100 4
ating Approved by	Signature	14.	Title	Date
	. 1			
	• •	PE OF REPOR	RT	
			☐ Administr ☐ 60-D ☐ 90-D	ay
***		, w	Tran	sfer ration from Service
		. *	- Spec	iai

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of E	mployee	POKNET	IUKEADGILL,	Tit	le Spe	Clai	Agent,	62-13	
				Ra	ing Period:	from .	4/1/66	to _	3/31/67
			RATING	GUIDE AND CHE	CK-LIST			A-	
co RA	ompared. ATE ITEMS AS	FOLLOWS:	nt bearing on employee' at and deserving of spe	.•		d. All e	employees in sa	me salary	grade should be
EE>	xcellent.	d or very good)							
		appraise perfo	rmance during rating pe	riod.					
1. "Outstanarrative 2. "Excell rather tany per such ra A. Any B. An of t	ve details, incl. lent," "Satisfathan following rformance evaluating factors. ( y element rated official rating the (90-day) pri	ve rating required uding reasons for the cory or "Unsa and the cory mechanical action factors of Good judgment of "Unsatisfactor of "Unsat	es (A) that all element for considering each wo tisfactory" adjective re formulas; however; for in the rating guide and const be exercised to in y" must be supported ory" must be supported (3) the efforts made at -185a.	rthy of Special Countings will depend an employee to be theck-list and mus- sure that adjective y narrative comme in writing stating	ommendation upon the contract "Executed "Execu	n and be omposite cellent" 'Excelle reasonab	attached to FD- e result of evalu- he must not be ent" or "Outstand ble in the light of rformance is uns	-185a. ating all rated uns ding" on t f element satisfacto	rated elements atisfactory on the majority of s rated.
<del></del>	<ol> <li>Attitude (in loyalty, ent</li> </ol>	and effectiven cluding depend husiasm, amen	ess of his personal con ability, cooperativenes ability and willingness	8,		informa Reporti	ng ability:		
# () # ()	<ul> <li>(4) Physical fi</li> <li>(5) Resourcefu</li> <li>(6) Forcefulnes</li> <li>(7) Judgment, i</li> <li>proper conc</li> <li>(8) Initiative a</li> </ul>	lness and inger as and aggressi including commo lusions, ability and the taking of	g health, energy, stamii	ve at		O E	(b) Summary re (c) Memos, let (Consider: ————————————————————————————————————	eports ters, wire cone zation:	
(1) (1)	<ul><li>10) Accuracy a</li><li>11) Industry, in duties.</li><li>12) Productivit</li></ul>	polity and its are not attention to actuding energet y, including am	plication to the work, pertinent detail, ic, consistent applicat ount of acceptable work	\$	(19) (20)		nance as a witne ive ability: (a) Leadership (b) Ability to h (c) Planning (d) Making dec	ss. andle per isions	
<u>E</u> (1	assignment unless fail employee's Knowledge including re	s. Also considure to meet is a control. of duties, instreadiness of con	ess on or completion of er adherence to deadlin ttributable to causes be uctions, rules and regu prehension and "know	es eyond lations,	E		(e) Assignment (f) Training su (g) Devising pr (h) Emotional s (i) Promoting l (j) Getting res	bordinate ocedures stability nigh mora ults	le
<u>E</u> (1	(a) (b) (c)	ve ability and re Internal securi	ty cases neral investigative case	es	E_ (22)	Organiz gestion	on raids and da (a) As leader (b) As particip zational interest as for improveme to work under p	ant , such as nt.	
<u>+</u> (1	<b></b> _(e)	Accounting caurveillance abil	ses	_	(24)	Miscell	laneous. Specif Dictation abili	y and rate ty	:
	isor, instructor		during most of rating	period (such as se	curity, crin	ninal, ap	oplicant squad, c	or as Resi	aent Agent,
B. Specify	y employee's m Investi		special talents (such a	s investigator, de	sk man, res	search, i	instructor, speak	(er):	
(2) Is	employee avai	lable for genera	d assignment wherever						
leave o	or LWOP for ill	l an abnormal s Iness) during r xplain in narrat	ick leave record during ating period than the ar we comments.)	rating period? Nount of sick leav	<b>○</b> 2. Ha e earned du	s emplo ring suc	yee used more s th period? _No	ick leave (If ans	(including annual wer to either
Is emplified in the second of	loyee qualified ver is "yes," p physically fit	to operate a mersonnel file meto drive. (c) P	otor vehicle incidental ust reflect the followin ast safe driving record	to his official du g: (a) Has valid OK or has passed	ties? 👿 State of loc l Bureau ro	Yes [ al opera ad test.	No ntor's license fo	r type vel	nicle he is to use.
ADJEC	CTIVE RATING	<b>;</b> . —	EXCE utstanding, Excellent,	LLENT Satisfactory, Uns	atisfactory		_EMPLOYEE'S	INITIAL	s_B(

### NARRATIVE COMMENTS

### 1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL has a very pleasant personality and is very well regarded by his fellow employees and the general public. He dresses in a very neat, business-like manner and is a fine representative of the Bureau.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

During the rating period, SA THREADGILL apprehended two Bureau fugitives and was engaged in physical surveillances under conditions that could be considered dangerous. SA THREADGILL is an experienced Agent and is well qualified to lead or participate

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on SA THREADGILL's availability and no physical limitations affecting his performance.

# 4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL is assigned to the SSA-TFIS Squad. Approximately 60% of his assignments are in the security-acounting type classifications. He exhibits common sense and excellent judgment in the handling of his work. His investigations are accurate and well planned. He discharges his responsibilities quickly and efficiently. He is aggressive where necessary and has demonstrated the ability to handle the most complicated cases with a minimum of supervision. His attitude is outstanding and he has demonstrated true devotion and loyalty to the Bureau. SA THREADGILL has one accounting case awaiting final court action and one other case awaiting prosecutive action in USDC. He is fully aware of the importance of the Bureau's applicant recruitment program and participates in this program at every available opportunity. He is fully entitled to the rating of excellent.

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

NA

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

On 10/7/66, SA THREADGILL was censured by the Director for his delay in handling an interview in an SSA matter. This was considered in the rating of Item 12 on the rating guide and check-list.

### 7. PARTICIPATION IN INFORMANT PROGRAMS:

During this rating period SA THREADGILL developed 4 PCIs and one CI and is presently handling one PSI and one CI. He is aware of the importance of the informant program and his performance has been excellent in this regard.

8. TESTIFYING EXPERIENCE AND ABILITY:

During this rating period SA THREADGILL testified on one occasion before the USC. He has previously testified in USDC and before the FGJ and is a competent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NΑ

11. RESIDENT AGENTS: SA THREADGILL is ASRA at the Monterey RA. He is a mature, well experienced, above average agent and handles the most difficult assignments with a minimum of supervision and is well qualified for his assignment as an RA.

Initials

	NA
13.	FOREIGN LANGUAGE ABILITY:
	NA Language in which proficient
	Completed language school Yes No Fluent inlanguage to extent Agent can handle typical investigative
	problems as follows: (1) Conversation form Yes No (2) Written form Yes No
	Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory
	<u>Language</u> <u>Read</u> <u>Write</u> <u>Speak</u> <u>Understand</u>
	Frequency language ability used during rating period:
	Frequency of use of language ability anticipated during ensuing year:
14.	ADMINISTRATIVE ADVANCEMENT:
	(a) Agent is interested in administrative advancement. Yes X No
	(b) Agent is completely available for administrative advancement.  Yes No
	(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance.
. ,	(d) If answer to (c) is "Yes," Agent's qualifications are considered very good excellent outstanding
٠	(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable,

12. EXPERIENCE AND ABILI

Initials



FD-277 (Rev. 3-6-63)
OPTIONAL PORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27



UNITED STATES GOVERNMENT

# Memorandum

	ctor, FBI		DATE:	5/24/6	7
/V \ 1/	h /				
FROM SAP	San Francisc	0	Attention	: Personnel Secti	on
'1					
SUBJECT: BU	RNEY THREADGIL	L, JR.			
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	TOTORE EXAMINA	ITON MATTER			
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	as been corrected to _			Employee speci	fically instructed
	by	(name of person giving	<u> </u>	that he can opera	te a Bureau car
•	date) en wearing the necessa		instruction)		10
Attache	d are Bureau of Employ	ees Compensation for	ms		
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Employe Physica Employe Employe UACB h	ee is scheduled for phy all examination report ha be returned to active du se's physical condition te is being removed from	sical examination on _ s been reviewed and in ty is n limited duty.			
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10	FICATION (For typed or written entries give: Nams—last, first, middle; frade; date; hospital or medical facility)	WARD NO.
Hima	laile. Burney 30	OCTOR'S PROGRESS MOT Standard Form 509



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

### EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Official Bureau Name (please type or print) Office of Assignment (or SOG Division) THREADGILL, Ja BURNEY SA The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiar Relationship WIFE Address P.O. Box 5025 CARMEL, CALIF. 93921 Name (contingent beneficiary, if desired; use given first name if female) Relationship Address Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes No If not, the entire following portion must be executed. The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Name (primary beneficiary; use given first name if female) Relationship Address Name (contingent beneficiary, if desired; use given first name if female) Relationship Address insurance Fund Special Very truly yours, the lived J. Edgar Hocyer, Director Special Agent

July 21, 1967

PERSONAL

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

As you are undoubtedly aware, today marks your Twentieth Anniversary with the Federal Bureau of Investigation. Not only do I wish to extend my sincere congratulations to you on this occasion, but, in addition, I wish to present your Twenty-Year Service Award Key.

In your various assignments with our organization you have had an opportunity to participate firsthand in many of the matters which have glorified the Bureau's history. From these I know you have acquired an appreciation of the tremendous problems confronting us and have contributed a great deal to the successes we have had. I hope we may have the benefit of your experience and talents for many years to come.

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With be	est wishes and kind regar	ds.
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In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

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Official Bure	au Name (pleas	e type or print)		Date	Office of	Assignment (or SO	G Division)
· _ ·	• • • • • • • • • • • • • • • • • • • •						
SA BU	RNET T	THREAD	GILL, JR	7/19/6	7   5	F	
The followin	g person is desi	gnated as my b	eneficiary for Spec	ial Agents Insura	nce Fund:		
Name (primer	ny hanaficiary u	ee given first 1	name if famale)			Relationship W(FC	
Address	O Box	5025	CARMI	EC. CALIF	- 93521		
Name (contin	gent beneficiary	, if desired; us	e given first name	if female)		Relationship	
			*				
Address							
					. Ross Fund prov	viding \$1500 death	benefit to
beneficiary o	of agents killed	in the line of d	uty, other than trav		. Ross Fund prov		benefit to
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J. Edgar Hoover, Director

**B-ecd** 

SAC, SAN FRANCISCO

10-2-67

Director, FBI

PERSONAL ATTENTION

BURNEY THREADGILL, JR. SPECIAL AGENT PHYSICAL EXAMINATION MATTER

ReBulet
<b>X</b> Reurlet
Re Physical Examination 8-18-66
Advise Bureau date captioned employee scheduled for physical examination.
Submit Physical Examination Report.
Advise Bureau re physical condition.
Advise Bureau if dental work has been completed.
Advise Bureau if vision has been corrected to 20/20.
Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
☐ Submit results of ☐ chest X ray, ☐ patch test, ☐ urinalysis, ☐ serology.
Submit Bureau of Employees' Compensation forms.
Advise if medical bills submitted have been paid.
Submit reply by

OCT 3 1967

ATTENTION PERSONNEL SECTION --



OPTIONAL FORM NO. 10
MAY 1962 2017ION
GRA GEN. REG. NO. 27
UNITED STATES GOVERNMENT

# Memorandum

ACT 241967

TO Director, FBI	DATE: 10/11/67
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0 (1) (1)	
FROM AMOMSan Francisco	Attention: Personnel Section
SUBJECT: Burney Threadgill, Jr.	
Special Agent	
Physical Examination Matter	
·	
Pomulat	1
Remylet	·
<u> </u>	•
Re physical examination8/214/67	
Dental work was completed on	
Vision has been corrected to	. Employee specifically instructed
by	that he can operate a Bureau car
(date) (name of person giving	g instruction)
only when wearing the necessary glasses.	
Results of chest X ray patch test urinaly	
<del></del>	fied for strenuous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation for	m s
Attached are Dureau of Employees Compensation for	
Thygical examination reports are enclosed	-
Rhysical examination reports are enclosed.	
Employee is scheduled for physical examination on _	· ·
Employee is scheduled for physical examination on _  Physical examination report has been reviewed and in	nitialed.
Employee is scheduled for physical examination onPhysical examination report has been reviewed and inEmployee returned to active duty	nitialed.
Employee is scheduled for physical examination on	nitialed.
Employee is scheduled for physical examination onPhysical examination report has been reviewed and inEmployee returned to active duty	nitialed.
Employee is scheduled for physical examination on _ Physical examination report has been reviewed and in Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty.	nitialed.
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Standard Form 88 (Rev. June 1956) Bureau of the Budget

### REPORT OF MEDICAL EXAMINATION

eular A=12 (Rev.)		1		12 (000)7(00)	
1. EAST NAME FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONE		3. IDENTIFICATION NO.	
THREADGILL, Burney Jr.		Special Agent	F DATE OF FULL PLANE		
4. HOME ADDRESS (Number, street or RFD, city or town, 201	5. PURPOSE OF EXAMINA		6. DATE OF EXAMINATION		
		F.B.I. ANNUA	T	24 Aug 67	
7. SEX. 57	ARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UN	NIT .	
Male Caucasian MILITARY	CIVILIAN	F.B.I.	San Franci	sco, Calif.	
2. DATE OF BIRTH 13. PLACE OF BIRTH		14. NAME, RELATIONSHIP			
28 Oct. 21 Biloxi, Mississi	ppi			,	
5. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION			
Naval Hospital, Oakland					
7. RATING OR SPECIALTY		TIME IN THIS CAPACITY (	Total)	LAST SIX MONTHS	
CLINICAL EVALUATION				item number before each	
NOR- (Check each item in appropriate col- MAL umn; enter "NE" it not evaluated.) MAI	<del> </del>	ontinue in item 73 and	use additional she	ets if riecessary.)	
X 18. HEAD, FACE, NECK AND SCALP					
X 19. NOSE				•	
X 20. SINUSES	-				
X 21. MOUTH AND THROAT	<del> </del>				
that there canals (Auditorn					
22	# 25 OS Small				
<b>1.</b>	to macul	a. Previously	r described.	• NCD	
24. EYES—GENERAL Wisual acuity and refraction under items 19, 60 and 67)	_	v			
25. OPHTHALMOSCOPIC X					
26. PUPILS (Equality and reaction)					
27. OCULAR MOTILITY (Associated parallel move-					
28 LUNGS AND CHEST (Include breasts)	# 48 Tracing	of 8-24-67			
29. HEART (Thrust, size, rhythm, sounds)		al tracing			
X 30. VASCULAR SYSTEM (Varicosities, etc.)	į.	ignificant ch	ande cinee	8_18_66	
31. ABDOMEN AND VISCERA (Include hernia)	20 110 5	Territacom Ci	muge prince	0-10-00	
32. ANUS AND RECTUM (Hemorrhoids, fistular) (Prostate, if indicated)	7				
33. ENDOCRINE SYSTEM					
34. G-U SYSTEM					
35 HOOFD EVEDENITIES (Strength, range of	_			÷	
26 5557		1/3	_ 00	1-120	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)		67-42	001	(p= 11)X	
38. SPINE, OTHER MUSCULOSKELETAL	_	Searched	Numbered		
<b>C</b>	DEO 1.			27.	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	KEG-145	5   2 (	OCT 17 196	310	
40. SKIN, LYMPHATICS	-		Michigan a straight of the company of the straight of the stra		
41. NEUROLOGIC (Equilibrium tests under item 72)	-	- AND			
42. PSYCHIATRIC (Specify any personality deviation)	- 1	as the	/		
43. PELVIC (Females only) (Check how done)	WORDS DEED!	Will Control		· · · · · · · · · · · · · · · · · · ·	
□ VAGINAL □ RECTAL	1	Continue:			
4. DENTAL (Place appropriate symbols above or below numbe		•	DEFECTS AND	D ADDITIONAL DENTAL DISEASES	
O—Restorable teeth $X$ —Miss $X$ —Nonrestorable teeth $X$	ing teeth aced by dentures (6)	X8)—Fixed bridge, bracket include abutments	s to		
$R \times O O (x)$		* ; · ·		FT TOVAN	
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H 32 2 31 30 29 28 27 26 25 T X O O O	24 23 22 21	20 19 18 17 O X	CLASS I	III NCD	
	LABORATORY FIND	INGS			
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sugar Neg. Ess.	Neg.	Film # 20481			
SEROLOGY (Specify test used and result) 48. EKG	49. BLOOD TYPE AND RH	50. OTHER TESTS	10/20/01	MINTI	
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. FIELD OF VISION			67. NIGHT VISION (Test used and score)					68. R	68. RED LENS TEST				9. INTRAOCULAR TENSION NORMAL			
70.	HEARING		71.	AS	SA	AUI	DIOME	TER		<u> </u>					усномото	R
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	TED NAME OF DENTIST			ale wh	ich)			SI	SNATURE		/	- 0	_	, (	<u> </u>	-
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the state of the s	TED NAME OF REVIEW	NG OFFICER	OR APPRO	VING A	AUTHORIT	Υ		SIC	MATURE	/				/	HUMBE	R OF AT.
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## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

ame of Examinee (Type or print) he following portions of the  2 3 4 8 6. Is necessary unless facil 8. Not required unless exam	9 11 14 17 ities for af	62 65 67 68 fording same are no	69 72 76 t readily availal	completed:		
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	ities for af	0.0 11				,
9. Is necessary unless facil		fording same are no	t readily availal	ole.	•	
1. Audiometer examinations	should be	afforded whenever n	ossible for all	Special Ag	ent appl	icants
and Special Agents. App	licants for	the Special Agent p	osition will not	be accept	ed if the	e hearing
loss exceeds a 15 decibe	l.average i	n either ear in the o	conversational s	peech rang	e (500,	1000,
2000 cycles).		• 1				
or All Examinees, Whether C	lerical or	Special Agent Appli	cants or Employ	ees:	-	•
he medical examiner should	answer the	following question:	:		•	
Examinee xis	□ is not	qualified for strenu	ious physical ex	ertion.		
o be Answered in the Case o	of All Male	Employees and Mal	e Applicants:			
. Does examinee have any d	efects rest	ricting or prohibitin	g his participati	on in defe	nsive ta	ctics and
dangerous assignments wh						
□ No □ V•• If ""	-1	- 1 - C - 1			-	
No Yes If "yes"	prease spe	city defects.				-
· · · · · · · · · · · · · · · · · · ·						1,0
. Does examinee have any d	efects prob	nibiting safe operati	on of motor vehi	cles?		
XX No Yes If "yes"	nlasea en	ecify defects.	A file a real condition			
Tes II yes	prease spe	ecity defects.	2.12			
. For safe driving of motor v	vehicles, C	ivil Service Commis	ssion requires d	istant visi	on must	test at
least 20/40 in one eye and				. Should o	examine	e wear co
rective glasses while oper						
If recommendation is based	u on a tact	or other than above	standard, indica	ite basis _		
·			<u> </u>		/	
		gramming and service on a large or the		1-4	20	37/2

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129 REC	ADMIN. DIV. B 1126 - 139	134 - 152
5'6"	124 - 133	130,-143	138 - 157
5'7"	128 - 137 OCT	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
** 5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6 <b>'5"</b>	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium xk large,
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory
6.	Under proper medical supervision, employee should lose pounds
D	gainpounds
ке	marks:

LED SAME

Signature of Medical Examiner D. LINKER LT MC USNR

8-24- 1967-

Date

FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

## UNITED STATES GOVERNMENT

## Memorandum

Director, FBI	DATE:	10/		
~ \land \( \land \)				* *
SAN FRANCISCO				* * *
SAC GAN FRANCISCO	Attentio	n: Personne	l Section	
			N. 3	
- Difference of the country of the c		)		
T BURNEY THREADGILL, JR.			100	4
SPECIAL AGENT	Φ a.		ja :	
PHYSICAL EXAMINATION MATTER				
	1 1			
	**		*	
X Remylet 10/11/67				
ReBulet	·			
nepatet	—·	-	*	
Re physical examination 8/214/67			. 4 . 7	
Destit week was samulated as		•	4	
Dental work was completed on				11
Vision has been corrected to	<del></del>	. Employe	e specifica	lly instructed
W 1				•
by		that he car	operate a	Bureau car
(date) by (name of person giving ins	truction)	_that he car	operate a	Bureau car
only when wearing the necessary glasses.	truction)			Bureau car
only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis	truction)	were negativ	<b>7e.</b>	
only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis  Enclosed physician's statement indicates he is qualified	truction)	were negativ	<b>7e.</b>	
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only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis  Enclosed physician's statement indicates he is qualified  Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initial  Employee returned to active duty  Employee's physical condition is	truction)  serology for strenuous	were negativ	<b>7e.</b>	
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only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis Enclosed physician's statement indicates he is qualified Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initial Employee returned to active duty  Employee's physical condition is  UACB he is being removed from limited duty.  UACB he is being placed on limited duty.	serology for strenuous	were negative physical ex	<b>7e.</b>	
only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis   Enclosed physician's statement indicates he is qualified   Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms   Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initial   Employee returned to active duty  Employee's physical condition is  UACB he is being removed from limited duty.  Physical examination reports are enclosed.	serology for strenuous	were negative physical ex	<b>7e.</b>	
only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis   Enclosed physician's statement indicates he is qualified   Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms   Physical examination reports are enclosed.  Employee is scheduled for physical examination on Physical examination report has been reviewed and initial   Employee returned to active duty   Employee's physical condition is   UACB he is being removed from limited duty.  UACB he is being placed on limited duty.    UACB he is being placed on limited duty.	serology for strenuous	were negative physical ex	<b>7e.</b>	
only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis  Enclosed physician's statement indicates he is qualified  Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initial Employee's physical condition is  UACB he is being removed from limited duty.  UACB he is being placed on limited duty.  emarks:	truction)  serology for strenuous	were negative physical ex	<b>7e.</b>	

67-NOT RECORDED 54

THREE

## ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

### TO COMPLETE THIS FORM—

### FOLLOW THESE GENERAL INSTRUCTIONS:

- · Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- · Do not detach any part.

7	FILL IN	THE	IDENTIFYING	INFORMATION	I BELOW	(please	print o	r type):
	B1444F	(1 1)	451			1 5 1 7 5 6	DISTU	

	NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER	
	THREADGILL,	BURNEY, JR	(NMI)	Oct. 28, 1921	426 14 1799	-
	EMPLOYING DEPARTMENT	OR AGENCY		LOCATION (City, State, ZIP Code)		
-	FEDERAL BURE	CAU OF INVEST	IGATION SA	AN FRANCISCOY, CALIFORN	NIA, 94102	

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here		
if you		. ↓
WANT BOTH	•	
optional and		
regular		(4)
insurance		(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

41

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

DATE

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEE 1 4 1968

See Table of Effective Dates on back of Original

2/7/68

## Back of Page INSTRUCTIONS TO EMPLOYING AGENCY

- 1. Who must file.—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176—T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
- 2. Automatic cancellation of previously filed waivers.—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
- 3. Employees failing to file.—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
- 4. Review of completed forms.—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

discrepancy such as a mark in more than one box.

(b) If the employee marked box **A** or box **C**, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance (Statistical Study)

4 East 24th Street

New York, New York 10010

- (c) If the employee marked box **B**, detach and destroy the stub.
- 5. Date of receipt and effective date.—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
  - (b) The effective date is determined from the table below.
- 6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
  - (b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
  - (c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
- 7. Use of SF 176-T.—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

### TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)			
EMPLOYING OFFICE		OF DECISION	OF DEDUCTIONS		
	Elects optional (in addition to regular) (box A).  Coverage effective February 14, 1968.				Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
On or before February 14, 1968.	Declines optional (but not regular) (box <b>B</b> ).	Declination effective February 14, 1968.	J .		
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.		
·	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.		
After February 14 but not later than April 14, 1968.	Declines optional (but not regular) (box B).	Declination effective on date of re- ceipt, but employee loses auto- matic optional protection on Feb- ruary 14, 1968.			
(iai) April 14, 1900.	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.		
	Waives regular (so ineligible for optional) (box <b>C</b> ).	Waiver effective last day of pay peri- od in which received.	Deductions stop last day of pay period in which received.		

NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.

2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.

3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.

4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

2

# RECEIPT FOR GOVERNMENT PROPERTY FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

I certify that I have XX received	returned the following	Government property for official use
-----------------------------------	------------------------	--------------------------------------

New Commission Card with case # 4303

RETURNED

Old Commission Card with case # 4303

PILIT SIND

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

name) Bul

Burney Threadgill, Jr.

ON ...

.

S 18

## FEDERAL BUREAU OF INVESTIGATION / UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

	Name of Employee: BURNEY THREADGILL, JR.	· · · · · · · · · · · · · · · · · · ·
	Where Assigned: SAN FRANCISCO (Section, Unit	<u>,                                      </u>
	Official Position Title and Grade: Special Agent, GS-13	· /
	Rating Period: from April 1, 1967 to March 31, 1	968
	ADJECTIVE RATING: EXCELLENT  Outstanding, Excellent, Satisfactory, Unsatisfactory	Employee's Initials
	Rated by: Signature Supervisor Signature Title	3/31/68  Date 3/31/68
	Reviewed by: Signature Title	Date
	Rating Approved by:  Signature  Assistant Director  Title	Date Date
	TYPE OF REPORT	
	X       Official       Administration         X       Annual       60-Da         90-Da       90-Da	у У
	FEG. 135 Searched Numbered Speci	ation from Service
2	APRES 1966	

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

### BURNEY THREADGILL, JR.

*******	RATING GUIDE AND CHECK-LIST
Note:	Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be
,	ompared.
+	RATE ITEMS AS FOLLOWS: Dutstanding (exceeding excellent and deserving of special commendation).
E_	Excellent.
	atisfactory (good or very good). Insatisfactory.
0	No opportunity to appraise performance during rating period.
	determining adjective rating:
narra 2. "Exc rathe any p such A. A B. A	tanding" adjective rating requires (A) that all elements be + and (B) that <u>each and every</u> rated element be <u>factually</u> justified by ive details, including reasons for considering each worthy of <u>Special Commendation</u> and be attached to FD-185a.  illent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on erformance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.  The rated "Unsatisfactory" must be supported by narrative comments.  The official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory well and must be attached to FD-185a.
E	(1) Personal appearance (16) Firearms ability.
<del>-</del>	(2) Personality and effectiveness of his personal contacts.
<u>+</u> _	(3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to (18) Reporting ability:
	equitably share work load).
_ <u>E</u>	(4) Physical fitness (including health, energy, stamina).  (5) Resourcefulness and ingenuity.  (6) Summary reports  (7) Memos, letters, wires
E	(6) Forcefulness and aggressiveness as required. (Consider: 5 conciseness; 5 clarit
· <i>E</i> =	(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives:  — Eorganization: Ethoroughness; — Eaccuracy; — Eadequacy and pertin
+	(8) Initiative and the taking of appropriate action on own of leads; _\vec{\vec{\vec{\vec{\vec{\vec{\vec{
E	responsibility. (9) Planning ability and its application to the work. (9) Performance as a witness. (20) Executive ability:
E	10) Accuracy and attention to pertinent detail.
E	11) Industry, including energetic, consistent application to  duties.  (b) Ability to handle personnel  (c) Planning
E	12) Productivity, including amount of acceptable work
	produced and rate of progress on or completion of assignments. Also consider adherence to deadlines  E (e) Assignment of work E (f) Training subordinates
	unless failure to meet is attributable to causes beyond  — E (g) Devising procedures
<u>_</u>	employee's control.  13) Knowledge of duties, instructions, rules and regulations,  E (h) Emotional stability  E (i) Promoting high morale
	including readiness of comprehension and "know how"  [6] Getting results
_	of application of application and soults.
	14) Investigative ability and results:
	_ <u>E</u> (b) Criminal or general investigative cases <u>_ E</u> (22) Organizational interest, such as making of sug-
	_ <u>∈</u> (c) Fugitive cases gestions for improvement <u>∈</u> (23) Ability to work under pressure.
	o (e) Accounting cases (24) Miscellaneous. Specify and rate:
<i>T</i>	15) Physical surveillance ability.  — Dictation ability — Applicant Recruiting
	ippricant heerdreing
	fy general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, visor, instructor, etc.):
	Security - C Squad #9; Criminal; Alternate Senior Resident Agent
. Spec	fy employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):
. (1)	s employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative
	omments.) s employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative omments.)
leav	as employee had an abnormal sick leave record during rating period? No2. Has employee used more sick leave (including annual or LWOP for illness) during rating period than the amount of sick leave earned during such period? No(If answer to either ion is "yes," explain in narrative comments.)
Is en If an (b)	ployee qualified to operate a motor vehicle incidental to his official duties? X Yes No wer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use sphysically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
	CTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS

### NARRATIVE COMMENTS

### 1. PERSONAL APPEARANCE AND PERSONALITY:

affecting performance.

SA THREADGILL's everyday appearance is neat and conservative. He is mature; has a good personality, and is aggressive and effective in his contacts.

- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:
  He is an experienced Agent and well qualified to lead or
  participate in raids and dangerous assignments. He was credited
  during the past year with six fugitive apprehensions.
- 3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:
  No limitations on availability. No physical limitations

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL handles security and racial matters, and Selective Service cases in the Monterey Resident Agency and assists where needed on applicant and criminal cases. His overall performance is excellent. He is loyal, enthusiastic, intelligent, and shows initiative and ingenuity in handling his cases. He is alert for new investigative matters and was responsible for one interview under the applicant program, the importance of which he fully appreciates. He was credited with \$950 FSR, one car, and one conviction. He is an experienced Agent and well able to handle complicated investigative matters and requires little supervision.

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

He shared in a commendation 2/12/68, in the investigation and apprehension of two subjects of a UFAP case.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS: (List items taken into consideration on rating guide and check list.)

Not applicable.

### 7. PARTICIPATION IN INFORMANT PROGRAMS:

He developed one PCI, two racial liaison sources, and is handling one CI. Recently he is devoting additional time to the further development of racial sources.

### 8. TESTIFYING EXPERIENCE AND ABILITY:

He did not testify during the past year, but previously has been rated a competent and excellent witness.

### 9. ACCOUNTING INFORMATION:

Not applicable.

### 10. POLICE INSTRUCTION:

Not applicable.

### 11. RESIDENT AGENTS:

SA THREADGILL is Alternate Senior Resident Agent at Monterey. He is mature, well experienced and above average. He commands the respect of law enforcement and public officials and is well qualified for his assignment.

### 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Not applicable.

13.	FOREIGN LANGUAGE ABILITY:				, ÷	• •
No	ot applicable.				*	*
	Language in which proficient	:	<del></del>		• •	· ·
	Completed language school Yes I		1 1	1 - 4 2 1	•	
	Fluent in language to problems as follows: (1) Conversation form		Can nana.	ie typicai	inves	tigative
	(2) Written form	. ☐ Yes	□ No		*	
	Evaluate language proficiency in each phas	e as exceller	nt, very go	od, good	, fair o	r
	unsatisfactory	D 1		a	, .	
	Language	Read	Write	Spe	ak L	<u>Jnderstand</u>
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	Frequency language abilit	y used during	g rating pe	eriod:		
	•					·
	Frequency of use oflangu	age ability a	nticipated	dúring e	nsuing	year:
14.	ADMINISTRATIVE ADVANCEMENT:	-		**		8 .
	(a) Agent is interested in administrative ad	lvancement.		Yes	X	No
	(b) Agent is completely available for admir	istrative adv	ancement.	Yes	·	No
	(c) Agent is considered completely qualified					
	administrative advancement, including					*
	personality and appearance.			TYes		No
	(d) If answer to (c) is "Yes," Agent's qual very good excellent outs		considere	ed		
	(e) If answer to (c) is "No," is Agent consifor future administrative advancement?			Ĺ.		
	explanatory comments required.)	iii approaut	<b>~,</b>	☐ Yes		No

Bo

	SAC, San Francisco		6/11/68	X-
	Director, FBI			*
	Burney Threadgill, Jr	•		
	The above-captioned	Special Agent atte	nded the follo	wing training course(s)
1	n-Service: from	5/27	to	6/7/68
	Criminal	Ac	counting	
	Security Basic Advance	· · · · · · · · · · · · · · · · · · ·		s-Defensive Tactics
MAILED 10 JUN 1 11968	The firearms score raining record (FD-40).  Notebook — Examination — Shotgun Course #2 — Rifle — Machine Gun — —	The following grad	des were atta	ividual field firearms nined.
S	Specialized Training:  Admin. Firearms:	From		То
Folson DeLoach Mohr Bishop Casper Callahan Conrad elt dale osen ullivan avel rotter ele. Room olmes andy	Burney Threadgill, San Francisco HLS:les WALL ROOM THE LABERT THE	Jr. DED		

June 11, 1968

Dear Mr. Threadgill:

MAIL ROOM TELETYPE UNIT

Tavel.

It was indeed a pleasure to see your fine family and you this morning, and I was particularly touched to receive the magnificent picture of the Monterey Coast together with the card of best wishes. It meant a great deal to me to be remembered in such a thoughtful way by all the children in and I hope you will express to and the children my thanks and deepest appreciation.

As a memento of the occasion, I am sending to you, under separate cover, a copy of the photograph taken this morning.

I hope you all enjoyed your time here in Washington and that you had a wonderful-tri home. Searched. .... Numbered JUN 12 1968 Sincerely, 35 TIME 11:25 AM Mr. Burney Threadgill, Jr. P. O. Box 5025 DATE \_6 Carmel, California 93921 (sent direct) Chlighan Contad Sullivan

May 31, 1968

Mr. Charles W. Bates Federal Bureau of Investigation San Francisco, California

Dear Mr. Bates:

It is a pleasure to commend, through you, Assistant Special Agent in Charge James T. Moreland and the personnel in the San Francisco Division who performed so ably during an operation relative to a Kidnaping case involving an unknown subject.

This was a fast-moving operation and it was necessary to provide extensive coverage to meet the changing instructions as to the pay-off site. All participants discharged their duties admirably and I want you to express my appreciation to Mr. Moreland for his expert leadership and to the others for their excellent services.

Sincerely yours,

1 - SAC, San Francisco (Personal Attention) Based on information received. Bureau does not consider individual letter for ASAC Moreland, as you recommended, is warranted. Place copy of this letter in his personnel file and in files DUPLICATE TELLOW of other participants.

1 - Miss Usilton (Sent Direct) LRH:bjk (175)

Based on San Francisco letter 5/23/68 and addendum General Investigative Division 5/28/68 re Unknown Subject; Victim; Kidnaping; Extortion.

7 JUN 14 1968

Copies-prepared-and-attached for placing in personnel files of: (OVER)

Mr. Charles W. Bates FBI, San Francisco

Kuno, Donald W. Leonard, Robert M.

Lile James E

Luebben, Richard E. MacDonald, Daniel G. Mahoney, Gerald D. Mann, Robert U.

McGee, Thomas C.

McLaughlin, William F. McMullen, Richard J. McNaught, Joseph E.

Miller, Alfred C.

Miller, Samuel A. Mitchell, Frank W. Monroe, Charles P.

Monthart Darry W

Mudd, Herbert K. Jr. Nelson Everett W.

Nestlerode, Norman B. Jr. Nichols, Richard E. Norton, Dale F. Norton, Gerard James Nott, W. Hugh Nottingham, Philip B.

O'Flynn, Edward J.

Page. John M.

Perrone, Frank S.
Poole, William P.
Prout, Irving J.
Quigley, Joseph T.
Rauch, Ewing H. Jr.
Raudsep, Edwin O.

Redmond, John G. Richmond, Warren W. Riordan, John F.

Schon, Leo A.

Slattery, William J. Smith, George W. Smith, Joseph F.

Sullivan, Thomas J. Tarleton, James E. Jr. Teeter, Keith G.

Thau, Robert E. Threadgill, Burney Jr.

Tosaw, Michael A.



## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D.C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

XECUTE IN DUPLICATE AND SUBMIT BOTH (	COPIES TO THE BUREAU	*
Official Bureau Name (please type or print)	Date Office	of Assignment (or SOG Division)
BURNEY THREADGILL, JR.	5/15/68 S	an Francisco
The following person is designated as my benefici	iary for Special Agents Insurance Fund:	
Name (primary honoficiany nos sinon first nome if	(emale) b6	Relationship
<u>'</u>	, 50	wife
Address		
P.O. Box 5025	Carmel, California 93921	
Name (contingent beneficiary, if desired; use give	n first name if female)	Relationship
Address		
beneficiary of agents killed in the line of duty, of	beneficiary under the Chas. S. Ross Fund puher than travel accidents.	oviding 41350 death beliefit to
Name (primary beneficiary; use given first name if	female)	Relationship
E .		wife
Address P.O. Box 5025 Carmel.	California 93921	
Name (contingent beneficiary, if desired; use give		Relationship
Address	*	
	Very truly yours,	*
	t Received Insurance Fund	of Onith

J. Edgar Hoover, Director

Special Agent

UNITED STATES GOVERNMENT

## lemorandum

TO

DIRECTOR, FBI

DATE:

Mr. Callahan. Mr. Conrad.. 5/10/6 Mr. Felt.... Mr. Gale ... Mr. Rosen.... Mr. Sullivan. Mr. Tavel\_\_\_ Mr. Trotter

Tele. Room\_\_ Miss Holmes.

Miss Gandy...

Mr. Tolson.

Mr. Mohr... r. Bishop

M. Casper.

Mr. DeLoach

FROM

SAN FRANCISCO

SUBJECT:

SA BURNEY (THREADGILL JR. REQUEST FOR FAMILY OF SA

TO TOUR BUREAU HEADQUARTERS AND

MEET WITH DIRECTOR

SA THREADGILL is scheduled to attend In-Service Training 5/27/68 - 6/7/68. He has made plans to have his wife and two minor children join him in Washington subsequent to his In-Service.

SA THREADGILL desires to take his family on a tour of Bureau headquarters on 6/11/68 and if at all possible would appreciate the opportunity to have his family meet Director HOOVER.

Bureau is requested to advise if arrangements can be made for SA THREADGILL to meet with Director on 6/11/68.

- Bureau/ 1 - SF JTM: hko (3)

**REC-150** 

Searched. Numbered. JUN 1. 1900/

A JUN 191958 67

UNITED STATES GOVERNMENT

## Memorandum

TO Mr. Callahan

DATE: 6/7/68

Callahan	_
Conrad	
Felt	
Gale	:
Rosen	•
Sullivan	
Tavel	
Trotter	
Tele. Room	
Holmes	• 1

DeLoach

Mohr — Bishop

FROM J. B Adams

SUBJECT SA BURNEY THREADGILL, JR.
San Francisco Office
Alternate Senior Resident Agent - Monterey, California
Veteran
EOD 7/21/47; GS-13, \$16,207

The following is a brief summary of SA Threadgill's record for the Director's use. He has been attending Advanced Security - Communist Matters School which will end today, 6/7/68.

He entered on duty 7/21/47 as a Special Agent and served in several offices prior to his transfer to the San Francisco Office on 11/14/52, where he is presently serving as Alternate Senior Resident Agent at Monterey, California. He is in Grade GS-13, \$16,207 per annum. He is 46 years of age, married and has 2 children.

He was COMMENDED on one occasion, this being on 6/3/63, through the SAC, for participating in such an excellent fashion in an operation of considerable value to the Bureau in the security field. (Re: Progressive Youth Organizing Committee, Internal Security-C). He received one CASH AWARD on 11/7/56. He was CENSURED on one occasion, this being on 10/7/66 inasmuch as there was an unreasonable delay on his part in handling a pertinent interview in connection with the Selective Service Act case involving

On 3/31/68 he received a rating of EXCELLENT with comments stating he handled security and racial matters, and Selective Service cases in the Monterey Resident Agency and assisted where needed on Applicant and Criminal cases. He was an experienced Agent and well able to handle complicated investigative matters and required little supervision. He was not interested in administrative advancement. His overtime performance is considered satisfactory.

He is presently serving in his only office of San Francisco

office of preference,

pc 8 JUN -

FDH: jef (2)
Enclosure - Photograph 6~

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## Memorandum

O : Director, FBI	DATE: S	9/13/68		
11 fb			•	
ROM PACUSAN FRANCISCO	Attention	n: Personnel Se	ection	
W. M.				
	<i>e</i> ,			
JBJECT: BURNEY THREADGILL, JR.				
SPECIAL AGENT			•	
PHYSICAL EXAMINATION MATTER				E
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ReBulet	<del>•</del>			
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Vision has been corrected to		. Employee sp	ecifically in	structed
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IN SEPZAMES

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Standard Form 88 (Rev. Jgne 1956).	624-8721
Bureau of the Budget Circular (Rev.)	EXAMINAT 88-109
LAST NAME-SIRST NAME-MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION 8. IDENTIFICATION NO.
MREADGILL, BURNEY DR.	Special April FRT
4. HOME ADDRESS (Fumber, street of RFD, city or town, zone and State)	5. PORPOSE OF EXAMINATION 6. DATE OF EXAMINATION
	FB. T. AUNUA) AUG 22 1000
	AUG ~ 2 1968
7. SEX 9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION UNIT
MALE CAUCASIAN MILITARY CIVILIAN	FBI SAN FRANCISCO, (Alif
12. DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
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16 Uct. D. 10X1/1/1551551pp	
15 Examining Facility or Examine Hand April Ft Ord Medical	16. OTHER INFORMATION
Examination Clinic	100 Maria 100 Ma
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total) LAST SIX MONTHS
CLINICAL EVALUATION NOTES. (Describe ever	y abnormality in detail. Enter pertinent item number before each
NOR-   (Check each item in appropriate col- ABNOR- comment.	Continue in item 73 and use additional sheets it necessary.)
MAL umn, enter "NE" if not evaluated.) MAL  18. HEAD, FACE, NECK, AND SCALP	
19 NOSE	
20. SINUSES 17.2.1.0	. J. Du coollary onewyou
21 MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canale) (Auditory  acuity under items 70 and 71).	fewor to macila Premonely
23. DRUMS (Perforation)	D NCD
24 EYES—GENERAL (Visual acuity and refraction with the second sec	24 10 C V
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel move-	Profite al & amountainly
28. LUNGS AND CHEST (Include breasts).	cortate at a franch ceally
29. HEART (Thrust, size, rhythm, sounds)	<b>(</b>
30. VASCULAR SYSTEM (Varicosities, etc.)  31. ABDOMEN AND VISCERA (Include hernia)	<b>e0</b>
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	1/2027/ 1/5
36: FEET	760019 710
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	ikarelee Nemocrea
38 SPINE OTHER MUSCULOSKELETAL	SET LO SET LO STORE 57
39 IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40 SKIN, LYMPHATICS	CA 300
41. NEUROLOGIC (Equilibrium tests under item 72)	W. S. A. L.
42. PSYCHIATRIC (Specify any personality deviation)	$\mathcal{G}^{\bullet}$
43. PELVIC (Females only) (Check how done)	
44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respec	(Continue in item 73)  REMARKS AND ADDITIONAL DENTAL
	(6 X 8) — Fixed bridge, brackets to
/-Nonrestorable teeth XXX-Replaced by dentures	include abutments
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	T AUG 22 1968
LABORATORY FIN	
45. URINALYSIS: A. SPECIFIC GRAVITY / 5 7	A6. CHEST X. RAY (Place, date, film number and result)
B. ALBUMIN D. MICROSCOPIC	US Army Hospital Ft Ord Medical Examination Chinic (1) 709
c. SUGAR	
A7. SEROLOGY (SOLUTION AND AND AND AND AND AND AND AND AND AN	50. OTHER TESTS
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FpD-360 <sup>3</sup> (Rev. 2-9-67)	
	140
Attachment to Standard Form 88, Report of Medical Examination	
For Information and Guidance of Medical Examiner	-)(-
	•
Name of Examinee Threadgill Burney (Type or print) Last First Middle	
The following portions of the attached examination report form need not be completed:	
2 9 62 69	
3 11 65 72	••
4 14 67 76	1.0
.68	
46. Is necessary unless facilities for affording same are not readily available.	
40. Is necessary unless facilities for allording same are not readily available.	
48. Not required unless examinee is over 35 years of age or examination indicates such is d	esirable.
49. Is necessary unless facilities for affording same are not readily available.	÷ .
and Special Agents. Applicants for the Special Agent position will not be accepted if the loss exceeds a 15 decibel average in either ear in the conversational speech range (500 2000 cycles).	
For All Examinees, Whether Clerical or Special Agent Applicants or Employees:	
The medical examiner should answer the following question:	
Examinee x is is not qualified for strenuous physical exertion.	
To be Answered in the Case of All Male Employees and Male Applicants:	110
1. Does examinee have any defects restricting or prohibiting his participation in defensive t dangerous assignments which might entail the practical use of firearms?	actics and
No Yes If "yes" please specify defects.	:
No Yes If "yes" please specify defects.	
	_ = = = = = = = = = = = = = = = = = = =
2. Does examinee have any defects prohibiting safe operation of motor vehicles?	ė
🔀 No 🗀 Yes If "yes" please specify defects.	
	_
	<del></del>
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision mus least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examine rective glasses while operating a motor vehicle? Yes No If recommendation is based on a factor other than above standard, indicate basis	
EMILIN -	. 4
67-420376-175	i.

## UNITED STATES GOVERNMENT

TO : Director, FBI	DATE: 9/17/68
Λ_	
. J()	
FROM SAC, SAN FRANCISCO	Attention: Personnel Section
	·
$\mathcal{O}$	b6
SUBJECT: BURNEY THREADGILL, JR.	
SPECIAL AGENT	
PHYSICAL EXAMINATION MATTER	
·	
Fel Romulat 9/13/68	
Remylet 9/13/68 ReBulet	·
	•
Re physical examination	
Dental work was completed on	
Vision has been corrected to	
(date) Oy (name of person giving	that he can operate a Bureau car instruction)
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalys	sis serology were negative.
Enclosed physician's statement indicates he is qualifi	fied for strenuous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	
Attached are Bureau of Employees' Compensation form	ms
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	
Physical examination report has been reviewed and ini	uitialed.
Employee returned to active duty	
X Employee's physical condition is (See Rema	arks) .
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
_	
Remarks:	
On September 16, 1968	8, after examination by Dr.
WILLIAM N. HARNESS, SA THREADGI	ILL's condition was diagnosed
as a prostate infection.	CHI CONTRACTOR OF THE CONTRACT
OA MUDEADOTII ib-	
SA INKLAUGILL IS SCHE	aduled for further tests and
nis next visit with ur. HAKNESS	s is scheduled for september W MV
24, 1968.	Net a
The Bureau will be ke	ent advised
1 SEP 24 1968	eduled for further tests and S is scheduled for September Republication was diagnosed.
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12 Bureau Awatur	W 1100 -3-68
1 - San Francisco 0.19-6	20
Bureau 1 - San Francisco 9-19-68 AGH/sms #11	THE PARTY OF THE P
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FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27
UNITED STATES GOVERNMENT

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ROM :	Francisco		Attentio	n: Personne	l Section	
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DIFOR				,		
BJECT:	Burney Threadgill,	Jr.	**		1	
	Special Agent					
	Physical Examinatio	n Matter		e *		
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	(date) (name	e of person giving i	nstruction)		- L	
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	y when wearing the necessary gla	asses.		were negativ	re.	
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# FD-277 (Rev. 3-6-63) OPTIONAL PORM NO. 10 MAY 1962 EDITION OSA GEN. REO. NO. 27 UNITED STATES GOVERNMENT

TO Director, FBI	DATE: 10/30/68
FROM CSAC, WSAN FRANCISCO	Attention: Personnel Section
SUBJECT: BURNEY THREADGILL, JR.	
SPECIAL AGENT PHYSICAL CONDITION	
in the second of	
Re Bureau routing slip	to San Francisco, dated 10/25/68.
Remylet	
ReBulet	
Re physical examination Dental work was completed on	
Vision has been corrected to	·
(date) by(name of person	that he can operate a Bureau car
	giving instruction)
only when wearing the necessary glasses.	in -lasi- []lasa-mana manakina
Results of chest X ray patch test	
	s qualified for strenuous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills	•
Attached are Bureau of Employees' Compensat	ion forms
Physical examination reports are enclosed.	
Employee is scheduled for physical examinatio	
Physical examination report has been reviewed	
Employee returned to active duty	
∑ Employee's physical condition is(See	Remarks)
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
Remarks:	* ***
On October 29.	1968, Dr. GEORGE E. DUEKER, M.D.,
	tatement regarding SA THREADGILL's
physical condition:	
physical condition.	
"To whom it may	concern:
	has been treated in this office for
	n. His condition will not in any way
	mance of his strenuous duties as a
	Mr. THREADGILL's next appointment at
this office is December 2	A POLICE OF THE PROPERTY OF TH
- Bureau 7 Mile Bureau Kill	kept advised.
- San Francisco 1 NOV 5 1968	pice followed Trible
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AGH/sms #11	NO LIN

FD-277 (Rev. 3-6-63)

OPTIONAL FORM NO. 10

MAY 1962 EDITION

OSA GEN. REG. NO. 27

UNITED STATES GOVERNMENT

	*				
TO : I	Director, FBV		DATE:	12/5/68	
			•	*	
N 1 4	1/3/1	~			*
FROM C.U.	A SAN FRANCISCO (	(67-11184)	Attention	: Personnel Section	
SUBJECT:	BURNEY THREADGILL,	JR.	e i de la companya d		
	SPECIAL AGENT	,			
	PHYSICAL CONDITION				
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	Remylet 10/30/6	8	.0 *	•	
	ReBulet				•
Re p	hysical examination		<u> </u>		0
Dent	al work was completed on				
	on has been corrected to			Employee specific	cally instructed
	(date) by (nam	e of person giving in	struction)	that he can operate	a Bureau car
only	when wearing the necessary gl				•
	ilts of chest X ray pate		s Serology v	vere negative.	
	osed physician's statement ind	. —			d use of firearms.
	osed are paid unpaid m	•	. 101 2010111011	pago de la constitue de	a abo of mounts.
	ched are Bureau of Employees'				
	mod are Bareau of Employees	Compensation forms			7.7
		- <del></del>	<del></del>	<del></del>	<del></del>
	sical examination reports are en		•(0)		•
	loyee is scheduled for physical	the state of the s			. 7
	sical examination report has be	•	aled.		
Empl	loyee returned to active duty _	<u> </u>	1- \	•	
X Empl	oyee's physical condition is _	(See Rema	rks)		
UAC	B he is being removed from lim	ited duty.			•
UAC UAC	B he is being placed on limited	d duty.	9-		* *
		*		-	* *
			•		•
Remarks	•			,	. N
		nber 2, 1968,			
	advised that SA TH	HREADGILL's m	ild prosta	atic condition	n has
	been corrected.			,	1
2	* <u>=</u>				
	No furth	ner correspon	dence wil:	l be submitte	d in this
	matter.		and the same		
		7/15 /2	and the same		
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	Bureau 11 181	00	Ross .	<i>`</i>	. *
	1 - San Francisco	*	1006	5	17
	AGH/sms	•			TO A
	(2)		(A)		

April 8, 1969

Mr. Burney Threadgill, Jr. Post Office Box 5025 Carmel, California 93921

Dear Mr. Threadgill:

I am pleased that your condition is satisfactory following surgery, and hope your convalescence will proceed rapidly.

You should heed your doctor's instructions carefully, by no means permitting concern over your absence from duty to retard your recovery.

Sincerely,

J. Edgar Hoover

1 - SAC, San Francisco (Personal Attention)

CLB J

Address obtained from file.

Tolson DeLoach Mohr Bishop APR - 8 19 Casper Callahan Contrad Felt Gale Rosen Sullivan Tavel Tele. Room	969	Tank of the same o	rand rand	JBA avec
Holmes————————————————————————————————————	UNIT		·	•

## PERSONAL INFORMATION AND/OR REQUEST FOR LEAVE

	GILL, JR. Social	Security No. 426-14-1799
d SAN FRANCISCO O	FFICE EOD _	7/21/47
EST FOR LEAVE WITHOUT PAY	Y LWOP fr	from to
of annual leave accrued Ho	ours of sick leave (if applicable	e) Desires advanced annual leave in addition to LWO  Yes No
1:		
	Date of surgery and postoperat	n, and current condition under Remarks) ative condition must be indicated under Remarks)  X) Operation
ick leave commenced	Date ceased active duty	
4/2/69	4/2/69	5/5/69
Carmel Community Carmel, Californ	ia	sick leave sick and annual leave
	· · · · · · · · · · · · · · · · · · ·	rs of sick leave (if applicable)-accrued.
Father Mother Brother Sister of deceased	Spouse Daughter Son Other  Date and	Relationship
yee's residence address	If emplo	oyee is leaving residence because of this death, what was temporary address?
		<b>6</b>
		©

D- Bureau

San Francisco

(1 - Personnel File - SA THREADGILL)

(1 - Health Service)

AGH/sms

110 ted 119 411-69



FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

### UNITED STATES GOVERNMENT

BJECT: BURNEY THREADGILL, JR. SPECIAL AGENT PHYSICAL CONDITION    Rephysical examination     Dental work was completed on     Vision has been corrected to     Employee specifically instructed that he can operate a Bureau car only when wearing the necessary glasses.     Results of   chest X ray   patch test   urinallysis   serology were negative.     Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms     Enclosed are   paid   unpaid medical bills.     Attached are Bureau of Employees' Compensation forms     Physical examination reports are enclosed.     Employee is scheduled for physical examination on     Physical examination report has been reviewed and initialed.     Employee's physical condition is   (See Remarks)     UACB he is being removed from limited duty.     Remarks:	O : I	Director, FBI	/ / :		DA	TE:	4/8/69		
SPECIAL AGENT PHYSICAL CONDITION    X Remylet	.OM : 8	AN ZAN	/ FRANCISCO	(67-1118	4)	Attention:	Personnel Sec	tion	
SPECIAL AGENT PHYSICAL CONDITION    X Remylet	BIFOT.	BURNEY PHI	READGILL.	TR					
Rephysical examination   Dental work was completed on   Vision has been corrected to   Employee specifically instructed   Only when wearing the necessary glasses.   Results of   chest X ray   patch test   urinalysis   serology were negative.   Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms   Enclosed are   paid   unpaid medical bills.   Attached are Bureau of Employees' Compensation forms   Physical examination reports are enclosed.   Employee is scheduled for physical examination on   Physical examination report has been reviewed and initialed.   Employee returned to active duty   See Remarks   UACB he is being removed from limited duty.   UACB he is being placed on limited duty.	bjeci.	SPECIAL A	SENT						
Re physical examination  Dental work was completed on  Vision has been corrected to  by  (name of person giving instruction)  only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis serology were negative.  Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms  Physical examination reports are enclosed.  Employee is scheduled for physical examination on  Physical examination report has been reviewed and initialed.  Employee's physical condition is (See Remarks)  UACB he is being removed from limited duty.  UACB he is being placed on limited duty.						•			
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only when wearing the necessary glasses.  Results of chest X ray patch test urinalysis serology were negative.  Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms	-	(date)	(name	e of person givi	ing instruct	ion)	nat ne can oper	ate a Dureau car	
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## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee:	BURNEYTHREADG	SILL, JR.	
Or Emproject			
	SAN FRANCISCO		
Where Assigned:	(Division)	(Section, Unit)	
, , , , , , , , , , , , , , , , , , ,			
Official Position Title	and Grade:S	SPECIAL AGENT - GS-13	
Rating Period: from	April 1, 1968		69
			0) 4
	*		
* * * * * * * * * * * * * * * * * * * *			Employee's
ADJECTIVE RATING:	EXCEL		Employee's Initials
	Outstanding, Excelle	nt, Satisfactory, Unsatisfactory	ah
*			
			0.403.400
Rated by:	// /Signature // Ll	Supervisor Title	3/31/69 Date
	1 110	Special Agent	
Reviewed by:	robo M' Dat	in Charge	3/31/69
m	Signature	Title	APR 23 196
	Callan	Assistant Director	- M- II 20 100
Rating Approved by	Signature	Title	Date
	TYPE OF	REPORT 67-4/20 3	sort-tho
		REPORT 67-420	376-116
	X Official		STETTO Dered
	X Official X Annual	Searched Num Administrative	376-116
	X Official	Searched Num Administrative 60 Day	STETTO Dered
	X Official X Annual	Searched Num Administrative 60-Day 90-Day	STETTO Dered

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name o	of EmployeeBURNEY THREADGILL, JR.	
	9	
	RATING GUIDE AND C	CHECK-LIST
+ E V O	Only those items having pertinent bearing on employee's performance compared.  RATE ITEMS AS FOLLOWS:  Outstanding (exceeding excellent and deserving of special commends Excellent.  Satisfactory (good or very good).  Unsatisfactory.  No opportunity to appraise performance during rating period.	**
	for determining adjective rating:	*
1. "Ou nar 2. "Ex rath any suc	utstanding" adjective rating requires (A) that all elements be + and (1) rative details, including reasons for considering each worthy of Specia coellent," "Satisfactory" or "Unsatisfactory" adjective ratings will deper than following any mechanical formulas; however, for an employee of performance evaluation factors on the rating guide and check-list and the rating factors. Good judgment must be exercised to insure that adject Any element rated "Unsatisfactory" must be supported by narrative conficial rating of "Unsatisfactory" must be supported in writing stee of the (90-day) prior warning, and (3) the efforts made after the warning level and must be attached to FD-185a.	al Commendation and be attached to FD-185a.  bend upon the composite result of evaluating all rated elements to be rated "Excellent" he must not be rated unsatisfactory on must be rated "Excellent" or "Outstanding" on the majority of ctive rating is reasonable in the light of elements rated.  simments.  ating (1) wherein the performance is unsatisfactory, (2) the facts
E E	<ul> <li>(1) Personal appearance.</li> <li>(2) Personality and effectiveness of his personal contacts.</li> <li>(3) Attitude (including dependability, cooperativeness,</li> </ul>	(16) Firearms ability. (17) Development of informants and sources of information. (18) Reporting shility.
	loyalty, enthusiasm, amenability and willingness to equitably share work load).	(a) Investigative reports
- 12	(4) Physical fitness (including health, energy, stamina).	(b) Summary reports (c) Memos, letters, wires
+ = = =	(6) Forcefulness and aggressiveness as required.	
<u>_</u>	(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	(Consider: Econciseness; Eclarity; Eorganization; Ethoroughness; Eaccuracy; Eadequacy and pertinen
	(8) Initiative and the taking of appropriate action on own responsibility.	of leads; administrative detail.)  O (19) Performance as a witness.
E	(9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail.	(20) Executive ability: (a) Leadership
E		_ E_(b) Ability to handle personnel
E	duties. (12) Productivity, including amount of acceptable work	(c) Planning (d) Making decisions
	produced and rate of progress on or completion of assignments. Also consider adherence to deadlines	(e) Assignment of work (f) Training subordinates
	unless failure to meet is attributable to causes beyond	(g) Devising procedures
E	employee's control.  (13) Knowledge of duties, instructions, rules and regulations,	(h) Emotional stability (i) Promoting high morale
	of application	(21) Ability on raids and dangerous assignments:
	(14) Investigative ability and results:	(a) As leader (b) As participant
	(b) Criminal or general investigative cases	(22) Organizational interest, such as making of sug-
	(c) Fugitive cases (d) Applicant cases	gestions for improvement. (23) Ability to work under pressure.
E	(e) Accounting cases (15) Physical surveillance ability.	(23) Ability to work under pressure. (24) Miscellaneous. Specify and rate: Dictation ability
	_ (10) I hysical surventance ability.	Applicant Recruitment
	ecify general nature of assignment during most of rating period (such a	s security, criminal, applicant squad, or as Resident Agent,
Suj	Security - C Squad #11; Crimir	nal; Alternate Senior Resident Agen
B. Spe	ecify employee's most noteworthy special talents (such as investigator Investigator	
<b>c.</b> (1)	Is employee available for general assignment wherever needs of serv	ice require? Yes (If answer is not "yes," explain in narrative
(2)	comments.) Is employee available for special assignment wherever needs of serv comments.)	ice require? Yes (If answer is not "yes," explain in narrative
D. 1. lea	Has employee had an abnormal sick leave record during rating period? we or LWOP for illness) during rating period than the amount of sick lestion is "yes," explain in narrative comments.)	2. Has employee used more sick leave (including annual leave earned during such period? No. (If answer to either
E. Is ( If a (b)	employee qualified to operate a motor vehicle incidental to his official answer is "yes," personnel file must reflect the following: (a) Has va Is physically fit to drive. (c) Past safe driving record OK or has pas	duties? Yes No lid State or local operator's license for type vehicle he is to use. ssed Bureau road test.
		EMPLOYEE'S INITIALS A
AD	JECTIVE RATING: EXCELLENT Outstanding, Excellent, Satisfactory, 1	EMPLOYEE'S INITIALS
	Outstanding, Excellent, Satisfactory,	Undanataciory

### NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA THREADGILL presents a mature, businesslike appearance. He has a pleasant, friendly personality and is always neatly attired. He has demonstrated his aggressiveness and effectiveness in his contacts with the general public and law enforcement agencies with

2. Whom the Top Article Are the Raids and Dangerous assignments:
In the past, SA THREADGILL has demonstrated that he is qualified to participate in raids and dangerous assignments, both as a leader as well as a participant. During the rating period, he was credited with five fugitive apprehensions and he has the ability to carry out the above assignments in the future.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING</u> PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on his availability nor are there any physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA THREADGILL is assigned to Security - C Squad #11 and is the Alternate Senior Resident Agent in Monterey, California, where his principal investigative responsibilities are concerned with security and racial matters and Selective Service cases. He is also asked to assist on applicant matters and other criminal cases in the Monterey area. SA THREADGILL is a very experienced, capable Agent who has an excellent outlook on his work. He is conscientious, enthusiastic, and has demonstrated his ability to handle the investigation and reporting of complex matters in the above categories with a minimum of supervision. He has willingly accepted new responsibility and has equitably shared in the workload and overtime of the Monterey Resident Agency. In his day-to-day contacts he is constantly aware of the Bureau's needs for qualified applicants. His overall performance is such that he is entitled to the rating of excellent.

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

See Page 2a

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS: (List items taken into consideration on rating guide and check list.)

Not applicable

7. PARTICIPATION IN INFORMANT PROGRAMS:

During the rating period he submitted three PSIs and 11 PRIs for development. He has handled one CI and currently has assigned two PSIs. Also, he was responsible for the development of an SAC contact.

8. TESTIFYING EXPERIENCE AND ABILITY:

SA THREADGILL did not testify during the past year, but his performance in this regard in the past has been considered excellent.

9. ACCOUNTING INFORMATION:

Not applicable.

10. POLICE INSTRUCTION:

Not applicable.

11. RESIDENT AGENTS:

SA THREADGILL is the Alternate Senior Resident Agent at Monterey, California, where he has performed the duties of Resident Agent in an excellent manner of date. He has an excellent attitude, is diligent in his work, and willingly shares in the workload of the

### 5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

On May 31, 1968, SA THREADGILL, among others, was commended by letter from the Director for his participation in a kidnapping case.

On October 30, 1968, SA THREADGILL, among others, was again commended by letter from the Director for his performance in another kidnapping case.

On December 6, 1968, WILLIAM A. DAVENPORT, Sheriff, County of Monterey, in a letter to the Special Agent in Charge, San Francisco, commended SA THREADGILL, among others, for the valuable assistance which he furnished to the Sheriff's Office which was directly responsible for the arrest of three armed and dangerous robbery suspects.

### 11. RESIDENT AGENTS (CONTINUED):

Resident Agency. He is well regarded by his fellow Agents and by other members of law enforcement agencies in his territory.

## 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Not applicable.

13.	FOREIGN LANGUAGE ABILITY:	K			, *
	Not applicable.  Language in which proficient		Ē		
	Completed language school Yes No Fluent in language to e	o ·	can handle ty	pical inve	estigative
	problems as follows: (1) Conversation form (2) Written form	Yes [	□ No □ No		
	Evaluate language proficiency in each phase unsatisfactory				
	Language	Read	Write	<u>Speak</u>	Understand
			··	( <sub>@m</sub>	
	**	•	· .		•
	Frequency language ability Frequency of use of langua				ıg year:
	*				· -
14.	ADMINISTRATIVE ADVANCEMENT:	. •			
	(a) Agent is interested in administrative adv	ancement.		Yes 🛚	□ No
	(b) Agent is completely available for admini	strative adva	ncement.	] Yes $\square$	□No
	(c) Agent is considered completely qualified administrative advancement, including expersonality and appearance.			] Yes $\  \  \  \  \  \  \  \  \  \  \  \  \ $	] No
٠	(d) If answer to (c) is "Yes," Agent's qualif		considered	*.	
	(e) If answer to (c) is "No," is Agent consid for future administrative advancement? (explanatory comments required.)			] Yes	] No

FDER77 Rev. 3-6-63)

OFTIONAL FORM NO. 10

MAY 1962 EDITION

GSA GEN. REG. NO. 27

### UNITED STATES GOVERNMENT

: Director, FBI	D	ATE:	5/7/69	b6
0.11700				, DG
M CSAC. 19AN FRANCISCO (67-11	11011)	Attention: Pe	ersonnel Section	
W SHO, JOHN TRANCISCO (67-11	1104)	Allennon. Te	risonner Section	
		!		
ECT BURNEY THREADGILL, JR.			*	
CDECTAL ACTION				
PHYSICAL CONDITION		, .	M/W	
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(date) (name of per	rson giving instruc	ction)		
only when wearing the necessary glasses.		1.1	•	
Results of chest X ray patch test			•	
Enclosed physician's statement indicates h		strenuous phys	ical exertion and us	e of firearms.
Enclosed are paid unpaid medical		:		
Attached are Bureau of Employees' Compen	isation forms			
		!		
Physical examination reports are enclosed.				9
Employee is scheduled for physical examin				
Physical examination report has been revie		•		:
	5/5/69	•	,	
Employee's physical condition issat				
UACB he is being removed from limited dut	у.		•	•
UACB he is being placed on limited duty.				
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T - San Francisco				10
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May 6, 1969

To whom it may concern:

I certify that Burney Threadgill, Jr., Special Agent of the FBI, is physically able to participate in firearms and strenuous exertion.

Clyn Smith, M.D. 889 Pacific-Street Monterey, California FORM 3-542 (9-14-64) APPROVED COMP GEN. U.S. 4-5-63 IN LIEU OF SF 1126

## FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE			SOCIAL SECURITY NUMBER
THREADGILL BURNE	Y JR		426-14-1799
	NOTIFICATION OF BASIC CHANGE		
CODE-NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV, INCR.
892 — QUALITY INCREASE	896 ADMIN, PAY INCREASE		,
X 893 — WITHIN GRADE INCREASE	897 — ADMIN. PAY DECREASE	,	
894—PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)	6/ 1/0	69 6/ 5/66
<u> </u>	OLD SALARY	9/ 1/0	
GS-13 STEP 8	\$17,289.00	,	\$17,769.00
	DATA ON UNPAID ABSENCE		
PERIOD(S)	DED TOTAL EXCESS		ND OF WAITING PERIOD INITIALS. YES
X EMPLOYEE'S WORK GOP AN ACCEPTABLE	69 LEVEL OF COMPETENCE.		V
EMPLOYEE'S PERFORMANCE RATING IS SA	ATISFACTORY OR BETTER.		
REMARKS:	- 1. 2dg	for at	79VV-
67 NOT RECORDE		* .	6/1/69 (DATE)
14 JUN 8 1969		DGAR HOOVER	PERSONNEL FILE COPY

<b>5</b> 0	
	Mr. Charles W. Bates
	Federal Bureau of Investigation
•	San Francisco, California
	Door Mr. Batos:
*	Dear Mr. Bates: NINCY
· ,	I am pleased to commend, through you,
	those agents in the San Francisco Division who par-
γ	ticipated so capably in the investigation of the <u>Unlaw-</u>
	ful Flight to Avoid Prosecution case involving
, e	
e ·	These men handled their assignments in
	a persistent and discreet fashion and, as a result,
	assisted materially in the success achieved with the
	Please convey my appreciation to
	them for their fine performance.
=	Sincerely yours,
e .	
•	4 GAG (0 27
	1 - SAC, San Francisco (Personal Attention)
	Place a copy of this letter in files of personnel who
	participated in this matter but were not individually
	recognized.
4 4 3 .	
	1 - Miss Usilton (Sent Direct) DUPLICATE YELLOW
*	JMP DUI LIUATE TELLUW
	(13)
	Based on Gale-Eddy memo 8/19/69 re
	, also known as, Unlawful Flight to Avoid
	Prosecution - Larceny by Conversion.
	* · · · · · · · · · · · · · · · · · · ·
. · · · · · · · · · · · · · · · · · · ·	Copies prepared and attached for placing in personnel
See a se	files of: (OVER)
67-NOT RI	
8 SEP	9 1969
1	

Mr. Charles V. Sales FM, San Francisco

Francis W. Connolly, Jr.

William E. Sidwell, Jr. Frank T. Mitchell

Berney Threndell, Jr.

\*

	IRST NAME—MIDDLE							2. GR	ADE AND CON	PONENT OR	POSITION	3. IDENTIFICATION	NO.
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70. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS	BY ITEM	NUMBS	R			10	i el e	£ 22	i +-1 - 1	A		3 · ·	C.	E
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FD <sub>2</sub> 300 (Rev. 2-9-67)				
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	Attachment to S	Standard Form 88,	Report of Medic	cal Examinati

	ATTACHMENT TO STANDA For Informatio	ard Form 88, Rep n and Guidance (			<b>(1)</b>
*		0 8 .			
Name of Examinee	THREADGILL,	Burney Jr.			
(Type or print)				First	Middle
The following porti	ons of the attached	examination repo	ort form ne	ed not be compl	eted:
. 2	9	<b>62</b> .		69	
3	11	65		72	
4	14	67		76.	
8	17	68			300
				*	
46. Is necessary u	nless facilities for	affording same a	re not read	ily available.	m# *U
48. Not required u	nless examinee is o	ver 35 years of a	ge or exan	nination indicate	es such is desirable.
49. Is necessary u	nless facilities for a	affording same a	re not read	ily available.	
and Special Ag	aminations should be gents. Applicants fo a 15 decibel average	or the Special Ag	ent positio	on will not be a	ccepted if the hearing
For All Examinees	, Whether Clerical or	Special Agent A	Applicants	or Employees:	
The medical exami	ner should answer th	e following ques	stion:	es.	
Examin	nee XX is is is no	ot qualified for s	trenuous p	hysical exertion	n.
To be Answered in	the Case of All Mal	e Employees and	i Male App	licants:	
	have any defects regnments which might				defensive tactics and
XX No Yes	If "yes" please sp	ecify defects			
<u></u>	ii jos piedoe op	delects.			
2. Does examinee	have any defects pro	ohibiting safe op	eration of	motor vehicles?	
XX No Yes	If "yes" please s	pecify defects			
- <u> </u>		· · · · · · · · · · · · · · · · · · ·			
least 20/40 in crective glasses	while operating a m	in the other, comotor vehicle?	rected or u Yes 🔀	ncorrected. Sho XNo	ould examinee wear cor
11 recommendati	on is based on a fac	ctor other than al	bove stand	ard, indicate ba	1818
		- WACILOX	301879	67-4	16276 11/2

#### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139 REC'D	ADMIN. <b>134</b> /- 152
5'6"	124 - 133	130 - 143	P T   138 - 157
5'7"	128 - 137	134 - 148 <sup>0ct</sup> / 2	1 17 PM1469 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

	•			8
5.	Considering above weight table, the examinee's frame	, and other	r individual physical	characteristics,
	I consider his present weight XX Satisfactory	Excessive	Deficient	
6.	Under proper medical supervision, employee should	∃ lose	nounds	•

4. Examinee's frame is small medium \* large

Remarks:

HUTGON, LT MC USNR

Signature of Medical Examiner

21 AUGUST 1969

Date

1 - San Francisco

## Memorandum

Director, FBI		10/6/69
Λ ΄	DATE:	
ROMAN SAC, SAN FRANCISCO	Attention:	Personnel Section
BJECT: BURNEY THREADGILL, JR.		
SPECIAL AGENT		
SAN FRANCISCO DIVISION	*	
		*
	•	•
□ Remylet       □ ReBulet       □ R/S 10/2/69	· ·	*
X Rebuyer _ R/S 10/2/69	•	
KX Re physical examination8/21/69.	• • •	*.
Dental work was completed on		
Vision has been corrected to		Employee specifically instructe
byname of person givin		that he can operate a Bureau car
Results of chest X ray patch test urinal Enclosed physician's statement indicates he is qual Enclosed are paid unpaid medical bills.	· —	
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☐ Enclosed physician's statement indicates he is qual ☐ Enclosed are ☐ paid ☐ unpaid medical bills. ☐ Attached are Bureau of Employees' Compensation fo	ified for strenuous p	-
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UNITED STATES GOVERNMENT

## Memorandum

TO

DIRECTOR, FBI

DATE:

10/13/69

ATTENTION: , PHYSICAL UNIT - 4541

FROM ON

SAN FRANCISCO

SUBJECT:

BURNEY THREADGILL, JR.

SPECIAL AGENT

PHYSICAL EXAMINATION MATTER

ReBu r/s 10/10/69.

At the time SA THREADGILL took his annual physical examination the examining facility advised that in order for him to get an examination concerning his retinal hemorrhage it would be necessary for him to be rescheduled for another day. This has not been done to date and UACB he will not be rescheduled, however, this matter will be covered on his next annual physical examination.

WILL FOLLOW 10-17-69

2 - Bureau 1 - SF P/F

1 - SF Health Service

JTM:hko

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REC-137

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OCT 22 1979

STATE OF THE STATE

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Market

Name of Employee:	BURNEY THREADGILL,	JR.	
			· · · · · · · · · · · · · · · · · · ·
	SAN FRANCISCO		¥-
Where Assigned:	(Division)	(Section, Unit)	
Official Position Ti	tle and Grade:SPECI	AL_AGENT - GS-13	
*			*.
Rating Period: from	April 1, 1969	to March 31,	1970
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	, , , , , , , , , , , , , , , , , , ,		
ADJECTIVE RATING:	EXCELLENT		Employee's Initials
* * * * *	Outstanding, Excellent	, Satisfactory, Unsatisfactory	06
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		<b>5</b> b6	
*			
Rated by:		Supervisor	3/31/70
		Title	Date
//	ha la Mr 13 de	Special Agent	7/71/70
Reviewed by:	Signature	in Charge Title	3/31/70 Date
	Signature	1 ttte	Date
Rating Approved by:	100/11/11	Assistant Directo	
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(m)	A Official	. Administrat	ve
	Annual	60-Day	
*		90-Day	
		Transfe	ion from Service
	67-4203	Special	
	RFC-130	16-119 T	
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	APR 1	17 1970	
	NEV	53	
D' ADDOGA			

#### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form FD-185)

N	BURNEY THREADGILL, JR.
	T Employee
	Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
+	RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)  Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
	Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
	Satisfactory
_	Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
<u></u>	No opportunity to appraise
(Usg.)	IK for Checklist - DO NOT TYPE) CHECKLIST AND NARRATIVE COMMENTS
	1. Personal appearance.
<u> </u>	2. Personality and effectiveness of his personal contacts.
<u>+</u>	3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E	4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)
	SA THREADGILL has no limitations on his availability nor any
	physical limitations affecting his performance. During the rating
	period he has used more sick leave than earned; however, this occurred
	as a result of his having to have a harris are noticed, in April 1000
E	as a result of his having to have a hernia operation in April, 1969. 5. Resourcefulness, ingenuty, and initial exer-
E	6. Forcefulness and aggressiveness as required. tion and use of firearms.
4	7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E	8. Planning of work.
+	9. Accuracy and attention to pertinent detail.
E	10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
<u> </u>	11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E	12. Investigative results (rate applicable cases) E. A. Internal Security; E. B. Criminal or General Investigative;
	C. Fugitive; D. Applicant; E. Accounting.  Complexity of investigative matters handled: None Moderate Most complicated.  Degree of supervision required: Above average Average Minimum None  COMMENT on type of work handled entire rating period and appraisal of overall work performance:
	COMMENT on type of work handled entire rating period and appraisal of overall work performance:
	SA THREADGILL is the Alternate Senior Resident Agent in Monterey,
	California, and is assigned to Squad #11. His assignments in the
	Resident Agency are principally concerned with security investiga-
	tions of individuals in the New Left, racial matters, and Selective
	Service cases. SA THREADGILL is a loyal, dedicated employee who has
	continually displayed good judgment, initiative, and aggressiveness
	in handling his investigative assignments with a minimum of super-
	vision. He is conscientious, readily accepts new responsibilities,
	and willingly shares in the workload and overtime of the Resident
	Agency.) He has participated in the Bureau's applicant programs and
	was responsible for the recruitment of one clerical applicant. His
	overall performance entitles him to the rating of excellent.
	1 The later of the latting of excellent.

B. Is employee qualified to operate a motor vehicle incidental to his official duties? Xyes No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test. C. Specify general nature of assignmen String Post of rating period (such as sequrity, caining applicant squad, Accound Agent, supervisor, instructor, etc.):

\_; special assignment \_

EXCELLENT

; wherever needs of service require?

**EMPLOYEE'S INITIALS** 

**ADJECTIVE RATING:** 

A. Is employee available for general assignment

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)
E 13. Firearms
14. Development of informants and sources of information. COMMENT on participation in this program.
During the rating period, SA THREADGILL has submitted one PSI for development and at the present time he has two CIs and three PRIs assigned.
15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
$\mathcal{E}$ A. Investigative reports; $\mathcal{O}$ B. Summary reports; $\mathcal{E}$ C. Memos, letters, wires
16. Performance as a witness. During rating period; Based on past performance; No experience.
17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)  A. Leadership  F. Devising procedures
B. Ability to handle personnel C. Making decisions H. Getting results
D. Assignment of work E. Training subordinates
E. Iraining subordinates  E. 18. Raids and dangerous assignments; O.A. As leader; E.B. As participant
E 19 Miscellaneous Specify and rate:
NA 20. Police Instruction: Qualified Participated NA Audited
21. Foreign Language Ability: Proficient inlanguage(s).  Can handle typical investigative problems as follows:
A. Conversation form Excellent Very Good Good Fair Unsatisfactory
(language)
B. Written form Excellent Very Good Good Fair Unsatisfactory (language)
Frequencylanguage ability used during rating period
Anticipated use during ensuing year
22. Administrative Advancement: (Check block if not interested.)  A. Yes No Agent is completely available for administrative advancement.
B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding
EXPLAIN if interested but not now qualified.
o shared
23. Number of Incentive Awards $\frac{0}{2}$ Commendations $\frac{2}{2}$ received from Director. Suggestions submitted $\frac{0}{2}$ .
24. Disciplinary Action and Justification for any Unsatisfactory Items. X None (List items taken into consideration on Checklist

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			r, street or RFD, o	ity or town,	one and State	;)		5. PURPOSE OF EXAMIN	IATION	6. DATE OF EXAMINATION
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# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nam	ne of Examinee	THREA	DGILL, BURNE			· · · ·
	Type or print)		Last	First	Middle	
The	following portions	of the attached ex	xamination report	orm need not be co	ompleted:	
	2	9	62	69		
	3	11	65	72	•	. 0
	4	14	67	76		
	8	17	68		• 1	
45,	46 and 47. Require examining physicia are required in exam	n deems one, two	or all three of the			
48.	Not required unless	s examinee is ove	er 35 years of age	or examination ind	icates such is	desirable.
49.	Is necessary unless	s facilities for af	fording same are n	ot readily availabl	le.	
71.	Audiometer examinand Special Agents loss exceeds a 15 2000 cycles).	. Applicants for	the Special Agent	position will not l	be accepted if	the hearing
For	All Examinees, Who	ther Clerical or	Special Agent App	licants or Employe	es:	
The	e medical examiner s	hould answer the	following questio	n:		
•	Examinee	<b>x</b> is ☐ is not	qualified for stre	nuous physical exe	ertion.	, i ji
To	be Answered in the	Case of All Male	Employees and Ma	ale Applicants:		•
	Does examinee have dangerous assignment	· ·			n in defensive	tactics and
1	No ☐ Yes If	"yes" please spe	cify defects.			
•	· .	+				,
2.	Does examinee have	any defects prob	nibiting safe opera	tion of motor vehic	cles?	•
-					*	
	∑XNo ☐ Yes If	"yes" please spe	ecify defects			
	For safe driving of a least 20/40 in one crective glasses whill frecommendation is	eye and $20/100$ in e operating a mo	the other, correct tor vehicle? \( \subseteq \) or other than abov	ed or uncorrected. Yes 🕱 No	Should examine the basis	

Initials

Height	REDestrable Weight Rang	Medium Frame	Large Frame
5'4"	SEP 1/18 - 72533 AM 71	123 - 135	. 131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5 <b>'</b> 10 <b>"</b>	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
Examinee's frame is	s small medium 🗷	large	

-	•	-	Satisfactory	,	,		i characteri	
6. Under p	roper med	ical supervisio	on, employee sho	ıld 🔲 lose .	pound	s .		-
		, ;		gain .	pound	s.	0.	·
Remarks: _	-			<u> </u>		·	· · ·	
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Signature of Medical Examiner
J. F. SANDERSON LT MC USNR
7-30-70

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Date

Dissemination	Note: Note: 1		
Routing Slip FD-417 (9-12-69)	(0.1.00%)		
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To: X Director, Att.:	PHYSICAL	<u>UN11-454</u>	<u> </u>
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#### UNITED STATES GOVERNMENT

## Memorandum

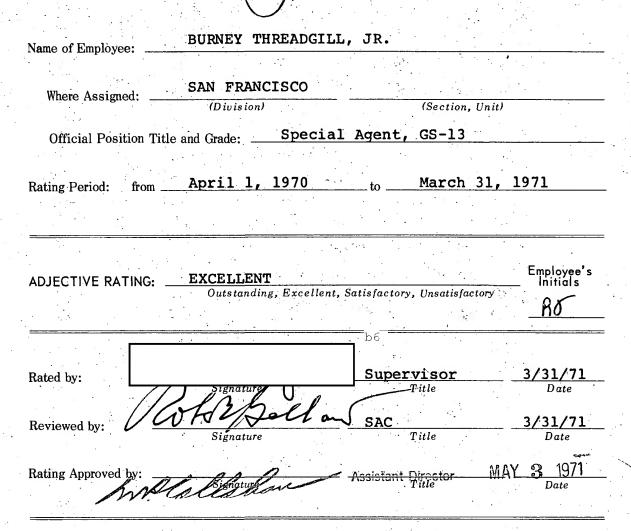
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TO Director, FBI	DATE:	10/19/70	
FROM SAN San Francisco	Attention:	Personnel Sec	tion
( ) Conference of the conferen			UNIT, 4541
SUBJECT: BURNEY (THREADGILL, JR.			
SPECIAL AGENT PHYSICAL CONDITION			
I III SI CRE MCONDII I ION			
	•		
X Remy/et _ r/s 9/25/70			. •
ReBulet	•	•	
	<del></del> ·		
Re physical examination	•		
Dental work was completed on	•	•	
Vision has been corrected to	* *	Employee spe	cifically instructed
(date) by (name of person g.	t	hat he can ope	rate a Bureau car
*.	iving instruction)		
only when wearing the necessary glasses.  Results of chest X ray patch test uri	nalysis Sarology we	ve nogativo	
Enclosed physician's statement indicates he is q	<del></del>	,	n and use of firearms
Enclosed are paid unpaid medical bills.	danned for strendous pr	nysical exellio	n and use of Thearms.
Attached are Bureau of Employees' Compensation	ı forms		
Physical examination reports are enclosed.			
Employee is scheduled for physical examination	on		
Physical examination report has been reviewed a			
Employee returned to active duty			
Employee's physical condition is		<b></b> .	
UACB he is being removed from limited duty.	,		
UACB he is being placed on limited duty.			
Remarks:			· .
in direction in the second sec	•	**	
Enclosed is statement from SA TH	READGILL's pers		
indicates examination indicates			
glaucoma. No follow-up recommen	no microaneurys	sm in left	eye and no
	no microaneurys	sm in left	eye and no
William Commence	no microaneurys	sm in left	eye and no
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O - Bureau (Encl. MICLOSULES)	no microaneurys	in left	eye and no
O - Bureau (Encl. MOCLOSCHOE)	no microaneurys	in left	eye and no
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	JOHN J. D'ATTILIO, M.D.  714 CASS STREET  MONTEREY, CALIFORNIA 93940  NAME R. HALL
	Boto whom it may concern
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### FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

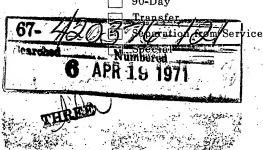
#### REPORT OF PERFORMANCE RATING



TYPE OF REPORT

	. *	1.		•
Official		•		Administrative
X Ann	ual			60-Day
80			•	90-Day
				Transfer
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**?EC-145** 



### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)  + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
Satisfactory
— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
O No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
1. Personal appearance.
2. Personality and effectiveness of his personal contacts.
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).  4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  8. Planning of work.
9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of accordable work produced and rate of progress on or completion of accimments. Also consider
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
12. Performance results (rate if applicable and mark others O) A. Internal Security; B. Criminal or General
Investigative; — C. Fugitive; — D. Applicant; — E. Accounting; — F. Other, such as Supervisor.  Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
SA THREADGILL is alternate Senior Resident Agent in Monterey, California, and is assigned all security matters in that area. SA THREADGILL is noteworthy for his dependability, judgement, and willingness to share the work load. He is able to sustain an above-average case load and so plan as to have low delinquency. He submitted the names of three clerical applicants during the period. He is conscientious and accurate in reporting his investigations. He merits the rating excellent.
Complexity of matters handled: None Moderate Most complicated
Degree of supervision required: Above average Average Minimum None
A. Is employee available wherever needs of service require for general assignment? X Yes \( \subseteq No \) Special assignment? XYes \( \subseteq No \)
B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):  Security - Alternate Senior Resident Agent
EVCELLENIM
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS (Outstanding, Excellent, Satisfactory, Unsatisfactory)

a mile

(Checklist and Narrative Comments continued)

14. Development of informants and sources of information. Comment on weaknesses or justify limited participation. \_\_informants: 12 \_\_potential informants. SA THREADGILL shows his awareness of this important program and currently handles 4 PSIs and 2 ghetto informants. \_\_\_\_\_\_15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.) \_ A. Reports; \_\_\_\_ B. Memos, letters, wires. . 16. Performance as a witness. 🔙 During rating period; 🔀 Based on past performance; 🦳 No experience. 도 17. Executive evaluation (approved Supervisors, Relief Supervisors, <u>Alternate Senior</u> and Senior <u>Resident Agents</u>; underline applicable.)F. Devising procedures \_A. Leadership B. Ability to handle personnel G. Promoting high morale \_C. Making decisions H. Getting results D. Assignment of work Furthering equal employment opportunity E. Training subordinates 18. Raids and dangerous assignments; \_ A. As leader; \_\_\_\_\_ B. As participant. 19. Miscellaneous. Specify and rate: Dictation; \_\_\_\_ Applicant recruitment; \_\_\_ \_\_\_ Other \_ N/A 20. Police Instruction: Qualified Participated Audited 21. Foreign Language Ability: Proficient in \_\_\_\_ language(s). Can handle typical investigative problems as follows: A. Conversation form \_\_\_\_\_(language) \_ Excellent Very Good Good Fair Unsatisfactory Excellent Very Good Good Fair Unsatisfactory B. Written form (language) language ability used during rating period Anticipated use during ensuing year 22. Administrative Advancement: (Check block if not interested.) Agent is completely available for administrative advancement.

Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified. 23. Number of Incentive Awards Commendations received from Director: Individual \_ Suggestions submitted \_ If none, check block . Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

#### UNITED STATES GOVERNMENT

## Memorandum

ТО	:	Director,	FBI	•	•	<b>DATE:</b> 6/25/71	Ĺ
FDOM	R.	ENTSAN	FRANCISCO				

SUBJECT: SA BURNEY THREADGILL

AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has  $\square$  requested authority for use of  $\square$  disposed of

personally owned side arm described below:

	REQUESTED	DISPOSED OF
Make	Smith & Wesson	
Model	10	
Caliber	.38	
Length of Barrel	2"	
Serial No.	D294632	
Weapon inspected b	y SA F.W. MITCHELL	6/8/71
-	(name)	(date)

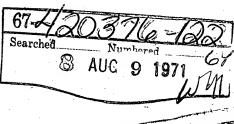
I recommend this request be approved.

If approved, the information set out above will be posted in Field Duplicate Property Record.

2)- Bureau 1 - (Field Office Personnel File) REG/jr

(3)

**REC-139** 



Approved by Special Agent in Charge

FBI Academy

Yerry copy for 70 7-23-71 Pr

Property CAROL

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



* *		TY. FINDINGS
45. URINALYSIS: A. SPECIFIC GRAVITY 1.0	24	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN neg	D. MICROSCOPIC	Film 426 14 1799-71 23 Sep NH, Oakland,
c. sugar neg	Ess Neg	Calif Ess Neg
47. SEROLOGY (Specify test used and result)	48. JEKGOMIJ 49. JELOOD TYPE AN	UreaN 21, Gluc 114, Choles 332
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Initials

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## Attachment to Standard Form 88, Report of Medical Examination 2005 For Information and Guidance of Medical Examiner

	MINDA DOTE T				
Name of Examinee	THREADGILL Last	, Burney Jr	First	Middle	
The following portions of the	e attached examinat	ion report for	n need not be comp	leted:	
2	9	62	69		
3	11	65	72		
4	14	67	. 76		15
8	17	68			
45, 46 and 47. Required for examining physician decare required in examinat	ems one, two or all	three of the e			
48. Not required unless exa	minee is over 35 ye	ars of age or	examination indicat	tes such is desirab	le.
49. Is necessary unless fac	ilities for affording	same are not	readily available.	*	•
71. Audiometer examination and Special Agents. Apploss exceeds a 15 decibe 2000 cycles).	oplicants for the Spe	cial Agent po	sition will not be a	accepted if the hear	ring
			*		
For All Examinees, Whether	Clerical or Special	Agent Applic	ants or Employees:		
The medical examiner should	d answer the following	ng question:			
Examinee 🗾 is	s 🗌 is not qualifi	ed for strenuc	ous physical exertic	on.	
To be Answered in the Case	of All Male Employ	ees and Male	Applicants:		
1. Does examinee have any dangerous assignments w	_			n defensive tactics	and
No Yes If "yes	" please specify de	fects		······································	
2. Does examinee have any	defects prohibiting	safe operation	n of motor vehicles	?	·
No Yes If "yes	s" please specify de	fects			. 0
·					
3. For safe driving of motor least 20/40 in one eye a rective glasses while op If recommendation is bas	nd 20/100 in the otherating a motor veh	ier, corrected	or uncorrected. St	ould examinee wea	

#### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium targe
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory   Excessive   Deficient
6.	Under proper medical supervision, employee should 🖂 lose pounds
	gainpounds
Re	marks:

WINSALGILL, Burney Jr.

Signature of Medical Examiner

S.S. KROLL LT MC USNR

23 Sep 71

Date

OPTIONAL FORM NO. 10 MAT 1902 EDITION GSA FPMR (41 CFR) 101-11.6 UNITED STATES GOVERNMENT

## Memorandum

: Director, FBI TO

DATE:

1/13/72

ATTENTION: PERSONNEL SECTION

SAC, San Francisco (66-3759)

SUBJECT: MONTEREY RESIDENT AGENCY SAN FRANCISCO DIVISION

> ReBulet dated 1/5/72 transferring SA FRANCIS M. CONNOLLY from San Jose, California, to Monterey, California.

It is recommended that SA BURNEY THREADGILL, JR., presently Alternate Senior Resident Agent, be designated Senior Resident Agent to replace SRA FRANK W. MITCHELL who is retiring.

It is recommended that SA FRANCIS M/CONNOLLY be designated Alternate Senior Resident Agent to replace SA THREADGILL.

2 Bureau 1 SF REG: ekk (3)

JAN 21 1972

JAN 25 19 72

Let & Sole, San Francisco

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

SAC, San Francisco

January 20, 1972

Director, FBI

PERSONAL ATTENTION

MONTEREY RESIDENT AGENCY SAN FRANCISCO DIVISION

Reurlet 1-13-72.

SAs Burney Threadgill, Jr., and Francis M. Connolly are hereby designated Senior Resident Agent and Alternate Senior Resident Agent respectively at Monterey, California, as you recommended.

LDH:jb

(7)

1 - Movement

D- Personnel File of SA Burney Threadgill, Jr.

1 - Personnel File of SA Francis M. Connolly

NOTE: SAC, San Francisco, recommends SAs Burney Threadgill, Jr., and Francis M. Connolly be designated Senior Resident Agent (SRA) to replace SA Frank W. Mitchell, presently SRA who is retiring, and Alternate Senior Resident Agent (ASRA) respectively at the Monterey Resident Agency.

SA Threadgill EOD 1-21-47, is in GS-13, \$23,112. He was designated ASRA at the Monterey Resident Agency 3-17-67 and his services since that time have been entirely satisfactory having been commended twice through SAC. Rated Excellent last annual performance report, completely available, overtime satisfactory. He appears well qualified to assume duties of SRA at Monterey.

SA Connolly EOD 8-13-51, is in GS-13, \$22,487. Services since EOD generally satisfactory although censured 10-7-66 as result of inspection. On the other hand he was commended 13 times, 4 through SAC, and received 3 incentive awards, last on 3-3-65. He was supervisor in the San Francisco Office from 1-4-56 to 9-18-57 and from 8-27-64 to 9-13-65. Although he was just transferred to Monterey 1-5-72, he has a much better work record than the only other Agent at Monterey with more years of service than \$A Connolly. He appears well qualified to assume duties of ASRA at the Monterey Resident Agency.

7-NOT RECORDELICATE YELLOW
7 JAN 21 1972 14

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING



(1)		•		
Name of Employee:	BURNEY THREA	DGILL, JR.	, <u>, , , , , , , , , , , , , , , , , , </u>	
				9
1171 A	SAN FRANCISC	0		
Where Assigned:	(Division)		ection, Unit)	
O.001 1 1 De - 11 Mil	41 10 1	Special Agent,	GS-13	
Official Position Tit	tle and Grade:	**************************************		
	2		-1 22 10	=0
Rating Period: from _	April 1, 197	1 to Mar	ch 31, 19	12
0 1	•	1.		
ADJECTIVE RATING:	EXCELLENT		<del> </del>	Employee's Initials
	Outstanding, Exc	ellent, Satisfactory, Un	satisfactory	BI
		· · · · · · · · · · · · · · · · · · ·		(31
*		b6		
		C		2 /23 /50
Rated by:	Signature (	Superviso Title		3/31/72 Date
produce to the formal	1.0 601			. <del></del>
Reviewed by:	Metra	SAC	and the state of t	3/31/72
mon	Signature	Title	?	Date
Rating Approved by:	lla han	- Assistant Direct		
sausing ripproved by:	Signature	Title	o APR	27 0972
· •	(3)			
			,	• :
	TYPE	OF REPORT	- January January	
		57-	Administrativ	3/16-18
e	X Official	BCC-130		
	X Annual	REC-135 Off-		
		1		
		1	90-Day Transfer Separati	B 1972 on from Service
		1	90-Day Transfer	B 1972
		1	90-Day Transfer Separati	B 1972
		1	90-Day Transfer Separati	B 1972

#### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

1 -	DUDNIN MUDICARATA	
	of EmployeeBURNEY THREADGILL, JR.	
Note:	Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade to be compared.	should
·	RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)  Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)	;
	Excellent (Overall E must be supported by E or + on majority of items, including important elements.)	
	_ Satisfactory	
	_Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory). Any unsatisfactory item of Unsatisfactory rating must be supported in writing.	r overall
	_No opportunity to appraise. In other responses, use "X."	
(Use	NK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM	
E	? 1. Personal appearance.	
7	2. Personality and effectiveness of his personal contacts.	*
+	_ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably sha	
	4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes N employee used more sick leave (including annual leave or LWOP for illness) during the rating period amount of sick leave earned during such period? Yes No. If answer to either is yes, explain	o. Has than the n.
•		
_		
<u> F</u>	5. Resourcefulness, ingenuity, and initiative.	e i i
7	_ 6. Forcefulness and aggressiveness as required.	â
7	_ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	
E	in the control of the	
-	9. Accuracy and attention to pertinent detail.	
	10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Als adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.	o consider
+	11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of app	lication.
7	_ 12. Performance results (rate if applicable and mark others 0) A. Internal Security; B. Criminal or General	
	Investigative; C. Fugitive; D. Applicant; E. Accounting; D. F. Other, such as Supervisor.	
	Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overal performance:	1 work
	SA THREADGILL was Alternate Senior Resident Agent at Monterey	
	until 1/20/72 when he was designated Comion Desident Aponterey	
	until 1/20/72 when he was designated Senior Resident Agent.	не
	is particularly well qualified for this assignment because of	his
	superior judgment, willingness to assume responsibility, and	
	forcefulness to dominate when the situation warrants. He is	
	particularly knowledgeable of duties and procedures and can g	et
	the work done. His personality exhibits a consistency of	
	sincerity and self-control. He is assigned work in the secur	ity
	field but the major part of his assignment is the responsibil	ity
	for the agents assigned to the Monterey Language School.) He	-
	merits the rating excellent. SA THREADGILL is aware of the	
	Bureau applicant program in his daily contacts.	
,		
	Complexity of matters handled: None Moderate Most complicated	
-	Degree of supervision required: Above average Average Minimum. None	
	s employee available wherever needs of service require for general assignment? 🔀 Yes 🔲 No Special assignment? 🔀 Y	es No
. 11	employee qualified to operate a motor vehicle incidental to his official duties?     Yes   No answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle here) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.	e is to use.
C. S	pecify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or	as Resident
÷	CTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS ST	
AUJE	(Outstanding, Excellent, Satisfactory, Unsatisfactory)	
		*

13. Firearms. 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation. 0 informants; \_\_ During rating period developed. \_potential informants. SA THREADGILL currently handles 4 PSIs, one of whom has excellent potential for a security informant. E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and A. Reports; E B. Memos, letters, wires. . 16. Performance as a witness. 🔙 During rating period; 🔀 Based on past performance; 🤙 No experience. 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.) A. Leadership F. Devising procedures B. Ability to handle personnel G. Promoting high morale \_\_\_ C. Making decisions \_H. Getting results D. Assignment of work I. Furthering equal employment opportunity \_E. Training subordinates E 18. Raids and dangerous assignments; E A. As leader; E B. As participant. E 19. Miscellaneous. Specify and rate: Dictation; \_\_\_\_ Applicant recruitment; \_\_\_\_ Other N/A 20. Police Instruction: Qualified Participated Audited A. Conversation form \_\_\_\_\_\_\_(language) \_\_\_\_ Excellent \_\_\_\_ Very Good \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Unsatisfactory B. Written form Excellent Very Good Good Fair Unsatisfactory (language) language ability used during rating period Anticipated use during ensuing year 22. Administrative Advancement: (Check block if not interested.)

A. Yes No Agent is completely available for administrative advancement.

B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified. 23. Number of Incentive Awards 3 shared Through Superior o Commendations received from Director: Individual Suggestions submitted 0 If none, check block . 24. Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

(Checklist and Narrative Comments continued)

FORM 3-542 (9-14-64) APPROVED COMP. GEN. U.S. 74-5-63 IN LIEU OF SF 1126

## FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE				SOCIAL SECURITY N	UMBER
THREADGI	LL BURNEY JR		,	426-1	4-1799
	NOTIFICATI	ON OF BASIC CHANGE		,	
CODE-NATURE OF ACTION		4	EFFECTIVE DATE	DATE OF	LAST EQUIV INCR.
892-QUALITY INCREASE	896-A	OMIN, PAY INCREASE			the state of the s
893—WITHIN GRADE INCREA	SE 897-A	DMIN, PAY DECREASE			in
894—PAY ADJUSTMENT	OTHER	(SPECIFY IN REMARKS)	5/28/7	2	6/ 1/69
GRADE OR LEVEL STEP OR RATE	OLD SALARY		NEW SALAR	<del></del>	,
		,		<b>1</b>	n./
GS-13 STEP	g	\$23,112.00		\$23.7	37.00
- 44 A		N UNPAID ABSENCE	<del></del>		
PERIOD(S)		TOTAL EXCESS	N PAY STATUS AT EN	ND OF WAITING PERIO	DO INITIALS
,	I ACCEPTABLE LEVEL OF COMPET	A(	PATRICK GR CTING DIRE	AY, III CTOR	
		VANA AAAAAAA	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	
REMARKS:	01972		ZYXYXXXXX		5/28/72 (DATE)

TO

FROM

SUBJECT:

ACTING DIRECTOR, FBI

(Attn.: Administrative Division,

Personnel Section)

SAC, SAN FRANCISCO (67-5947)

BURNEY THREADGILL, JR.

SPECIAL AGENT RECOMMENDATION FOR

PROMOTION TO GS-14

As the Bureau is aware, the Defense Language Institute (DLI) is located at Monterey, California, which is covered by the Monterey Resident Agency of the San Francisco Division. Over the years, through the cooperation of the authorities at the DLI, many Special Agents of this Bureau have received language training at the DLI for periods of time varying from six months to a year.

As a result of the heavy responsibilities of the Senior Resident Agent (SRA) at Monterey, California, primarily in connection with the DLI, he has been in the position of a Supervisory Special Agent, Grade GS-14. This recognition by the Bureau to the SRA in Monterey has existed since July, 1966, until the retirement of FRANK W. MITCHELL, the former SRA, effective 3/14/72.

The situation and justification for this position has not changed over the years while former SA MITCHELL was in the position, and it certainly has not changed since his retirement. The Bureau continues to utilize the services of the DLI, and the heavy responsibilities in connection therewith continue to be handled in an outstanding manner by the current SRA. In addition, since July, 1966, the number of agents assigned to Monterey to handle the investigative work has increased from three agents to five agents. At the present time there are a total of 24 agents attending the DLI who are technically assigned to the Monterey Resident Agency as part of the San Francisco Division. of the apparent needs of the Bureau in various foreign language fields, it can be anticipated that this program will continue in the future.

Bureau

San Francisco

(1 - P/F THREADGILL)

REG: 1cj

5 JUL 1000

O'Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

DATE: 6/15/

1

(4)

SF 67-5947 REG:1cj

Special Agent BURNEY THREADGILL, JR., was designated the SRA at Monterey by Bureau letter of 1/20/72, although he did not assume the duties of SRA until the retirement of MITCHELL on 3/14/72. THREADGILL has been assigned to the Monterey Resident Agency since August, 1965, and was the Alternate SRA since March, 1967. Because of his assignment to Monterey since 1965 and Alternate SRA since March, 1967, he has been in a position to observe the duties and implementation of the duties of the SRA and since his assumption of these responsibilities, he has handled them in an outstanding manner. Despite the many transfers in and out of the DLI, THREADGILL has done a most impressive job in supervising the overall operation with a minimum of problems and difficulties. He is a well experienced agent with an EOD date of 7/21/47, and is considered to have an outstanding attitude being completely dependable, cooperative, loyal and enthusiastic. He utilizes outstanding judgment and produces an exceptional amount of work when one considers his heavy responsibilities in connection with the DLI. He is considered by me to be far superior to the average SRA. He currently weighs 175 pounds, is 70" tall with a large frame and, therefore, within the limits of the weight schedule. He is completely available for special and general assignments and has no known physical limitations.

In view of the original justification for the position of Supervisory Special Agent GS-14 in the Monterey Resident Agency and the continuance of that justification since 1966 through the present time and the outstanding manner in which THREADGILL is handling these responsibilities, it is definitely felt and recommended that he should at this time receive a promotion to GS-14.

June 28, 1972 PERSONAL

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

I am indeed pleased to advise you of your promotion to Grade GS 14, \$25,620 per annum, as a Supervisory Special Agent, effective July 9, 1972.

This promotion is temporary and will remain in effect only for the duration of your present assignment. Upon conclusion thereof, you will be allocated to your permanent grade level.

Sincerely yours,

L. Patrick Gray III

L. Patrick Gray, III
Acting Director

1 - SAC, San Francisco (PERSONAL ATTENTION)

1 - One of the second of the s

cc\*(6) 67-420376

MPC NPC

70151 9 20 14 1

Bates
Bishop
Callahan
Campbell
Casper
Cleveland
Conrad
Dalbey
Marshall
Miller, E.S.
Ponder
Sovers

Felt.

Soyars Walters
Tele. Room Mr. Kinley Mr. Armstrong Ms. Herwig

g \_\_\_\_ MAIL ROOM □

MAILED 20

JUN28**1972** 

FBI

TELETYPE UNIT

Add

HAB

N. Bassett KW

FROM

SUBJECT: SA BURNEY (THREADGILL, JR.

Senior Resident Agent, Monterey, Califo

San Francisco Office

EOD 7-21-47; GS-13, \$23,112 Age 50; Married, 2 children

RE: GRADE PROMOTION

TDATE: 6-26-72

Mr. Ponder \_ Mr. Soyars Mr. Walters Tele. Room \_ Mr. Kinley \_ Mr. Armstrong\_ Ms. Herwig \_ Mrs. Neenan .

**b**6

Mr. Felt Mr. Mohr

Mr. Rosen Mr. Bates.

Mr. Bishop Mr. Callahan Mr. Campbell Mr. Casper

Mr. Cleveland Mr. Conrad Mr. Dalbey

Mr. Marshall

Mr. Miller, E.S.

SA Threadgill has been recommended for promotion to grade GS-14. On 3-31-72 he was rated EXCELLENT and in recommending him for promotion his SAC advised that he has been handling his duties as Senior Resident Agent in an outstanding manner.

He assumed the responsibilities of Senior Resident Agent, Monterey, Calif., on 3-14-72 and he has 5 agents under his supervision in the resident agency handling investigative The major part of his assignment as SRA is the matters. responsibility for the agents assigned to the Defense Language School (DLI). At the present time there are 24 agents attending DLI and 16 more agents under transfer to attend DLI. He has the responsibility to thoroughly indoctrinate agents upon their arrival in Monterey to attend DLI; to insure that they are properly in attendance at school each day and to handle various administrative matters as they arise. It is also necessary for the SRA to maintain daily liaison with DLI administrative personnel in connection with progress of Agents attending the It is noted that the former Senior Resident Agent who retired on 3-14-72 was in grade GS-14.

He has been in grade GS 13 since 6-17-56 and he not been censured in the past 90 days.

That he be promoted to grade GS-14 for the RECOMMENDATION: duration of his present assignment.

Searched

JUN 29 1972

NT BRIEF ATTACHED.



(FOR AGENCY USE)		× .	
IAME (CAPS) LAST-FIRST-MIDDLE MRMISS-MRS:	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year)	4 SOCIAL SECURITY NO.
THREADGILL, BURNEY, JR. (MR.)	1 :	10-28-21	426-14-1799
ETERAN PREFERENCE  1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.	6. TENURE GROUP	7. SERVICE COMP. DATE	TO PARTY OF
EGLI	10. RETIREMENT	· .5	11. (FOR CSC USE)
1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.)		-FS 5—OTHER -NONE	* *
CODE NATURE OF ACTION	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR OT	HER LEGAL AUTHORITY
PROMOTION	7-9-72	EXCEPTED B	Y LAW
FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE (b) STEP OR OR- LEVEL RATE	18. SALARY
Special Agent 61-F-48 170	GS Series 1811	13 9	\$23,737 pa
NAME AND LOCATION OF EMPLOYING OFFICE			
			***
			,
TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE (b) STEP OR OR LEVEL RATE	23. SALARY
Supervisory Special Agent 61-F-101 160	GS	14 6	625 620
61-F-101 160  NAME AND LOCATION OF EMPLOYING OFFICE	Series 1811	<del></del>	\$25,620 pa
	: · · · · · · · · · · · · · · · · · · ·		1
5. DUTY STATION (CRy—county—State)			26. LOCATION CODE
	28. POSITION OCCUPIED 1-COMPETITIVE SERVICE	29. APPORTIONED POSIT	
S. & E., FBI	, ,	100	ION
S. & E., FBI  REMARKS:  A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR  B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE	1—COMPETITIVE SERVICE  2—EXCEPTED SERVICE  RY (OR TRIAL) PERIOD COMME	FROM: 1—PROVED-1 2—WAIVED-2	ION
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S. & E., FBI  REMARKS:  A SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE  ARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:  This promotion is temporary and we duration of present assignment.	1—COMPETITIVE SERVICE  2 2—EXCEPTED SERVICE  RY (OR TRIAL) PERIOD COMMENT  NURE FROM:  C. DURING PROBATION  TILL remain i	PROM.  1—PROVED-1 2-WAIVED-2  NCING  n effect on	ION STATE
S. & E., FBI  REMARKS:  A SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE  ARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:  This promotion is temporary and we duration of present assignment.	1—COMPETITIVE SERVICE  2 2—EXCEPTED SERVICE  RY (OR TRIAL) PERIOD COMMENT  NURE FROM:  C. DURING PROBATION  TILL remain i	PROM.  1—PROVED-1 2-WAIVED-2  NCING  n effect on	ION STATE
S. & E., FBI  REMARKS:  A SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE  ARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE:  This promotion is temporary and we duration of present assignment.  Will be allocated to permanent gr  TOT RECORDED  JUL 12 1972	1—COMPETITIVE SERVICE  2 2—EXCEPTED SERVICE  RY (OR TRIAL) PERIOD COMMENT  NURE FROM:  C. DURING PROBATION  TILL remain i	n effect on thereof	ION STATE
S. & E., FBI  REMARKS:  A SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TO  ARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:  This promotion is temporary and will be allocated to permanent granillable allocated to permanent granillabl	1-COMPETITIVE SERVICE  2 2-EXCEPTED SERVICE  AY (OR TRIAL) PERIOD COMMENT  NURE FROM:  C. DURING PROBATION  TILL remain i  Upon conclusivade level.	n effect on thereof	ION STATE
S. & E., FBI  REMARKS:  A SUBJECT TO COMPLETION OF 1 YEAR PROBATIONAR B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TE  ARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:  This promotion is temporary and we duration of present assignment.	1-COMPETITIVE SERVICE  2 2-EXCEPTED SERVICE  AY (OR TRIAL) PERIOD COMMENT  NURE FROM:  C. DURING PROBATION  TILL remain i  Upon conclusivade level.	I—PROVED-1 2-WAIVED-2  NCING  In effect on sion thereof	ly for the employee

July 21, 1972

PERSONAL

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

Mrs. Neenan

On this special occasion of your Twenty-fifth Anniversary with the Federal Bureau of Investigation it gives me great pleasure to extend my heartiest congratulations and to present your Twenty-five-Year Service Award Key.

During your period of service the Bureau has continued to grow in the esteem and confidence of the public and I am proud to say it is recognized as one of the greatest law enforcement agencies in the world. You should take justifiable pride in the fact that your efforts have contributed in no small measure to this development. I would like to express my sincere appreciation for the loyalty and devotion you have exhibited through your years of faithful service to the FBI.

I hope that this Key will, in days to come, recall many pleasant memories of your association with the Bureau.

With best wishes and kindest regards, MAILED 11 Sincerely, FC-144 JUL 1 4 1972 L. Patrick Gray III Mr. Felt Mr. Mohr. Mr. Rosen L. Patrick Gray, III Mr. Bates. **Acting Director** Mr. Bishop Mr. Callahan Mr. Campbell Mr. Casper Mr. Cleveland Mr. Conrad Enclosure Mr. Dalbey Mr. Marshall 1 - SAC, San Francisco (Personal Attention) Mr. Miller, E.S. RHC:bla Mr. Ponder Mr. Soyars 67-420376 Mr. Walters Tele, Room . Mr. Kinley Mr. Armstrong I regret that I am not able to make this presentation personally. P..G. Ms. Herwig MAIL ROOM [

OPTIONAL FORM NO. 10 MAY 1962 EDITION GSA FPMR (4) CFR) 101-11.4

UNITED STATES GOVERNMENT

## lemorandum

TO

Director, FBI

**DATE:** 7/17/72

SAC, SAN FRANCISCO (67-11184)

SUBJECT:

SA BURNEY THREADGILL, JR. AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has IXX requested authority for use of XXdisposed of

personally owned side arm described below:

	REQUESTED	DISPOSED OF
Make	S & W	S & W
Model	36	10
Caliber	38 Special	38 Special
Length of Barrel	2"	2"
Serial No.	606220	D294632
Weapon inspected b	y SA L. L. VANNATTA (name)	7/13/72 (date)

I recommend this request be approved.

If approved, the information set out above will be posted in Field Duplicate Property Record.

2 - Bureau

1 - (Field Office Personnel File)

BT/jr

(3)

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

Standard Form 88 Revised April 1968 General Services Administration Interagency Comm. on Medical Records REPORT OF MEDICAL EXAMINATION SSN426 14 1799 FPMR 101-11.809-3 1. LAST NAME-FIRST NAME-MIDDLE NAME 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. THREADGILL, Burney Jr 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 4. HOME-ADDRESS (Number, street or RFD, city or town, State and ZIP Code) FBI Annual Physical 26 Oct 72 11. ORGANIZATION UNIT 7. SEX B. RACE 9. TOTAL YEARS GOVERNMENT SERVICE CIVILIAN MILITARY FBI San Francisco, Calif Male Caucasian 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN 12, DATE OF BIRTH 13. PLACE OF BIRTH Para Mississippi (Ca) 22 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16. OTHER INFORMATION Naval Hospital, Oakland California 17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) LAST SIX MONTHS (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) CLINICAL EVALUATION (Check each item in appropriate co umn; enter "NE" it not evaluated. 18. HEAD, FACE, NECK AND SCALP #39 Right inguinal 2" scar 19. NOSE 20. SINUSES #48 1. Borderline tracing 21. MOUTH AND THROAT 2. Right ventricular conduction disturbance 22. EARS-GENERAL (Int. & ext. canals) (Auditors acuity under items 70 and 71 3. Old myocardio infarction cannot be excluded 23. DRUMS (Perforation) 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67) 25. OPHTHALMOSCOPIC X 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Associated parallel move ments, nystagmus) 28, LUNGS AND CHEST (Include breasts) 1 1 3 29. HEART (Thrust, size, rhythm, sounds) 30. VASCULAR SYSTEM (Varicosities, etc.) 31. ABDOMEN AND VISCERA (Include hernia) 32. ANUS AND RECTUM (Hemorrhoids, fistular) (Prostate, if indicated) 33. ENDOCRINE SYSTEM 34, G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range of motion) 36. FEET 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) 38 SPINE OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS-40, SKIN, LYMPHATICS Х 41. NEUROLOGIC (Equilibrium tests under item 72) X 42. PSYCHIATRIC (Specify any personality deviation 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL (Continue in item 73) 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Replaced Fixed 31 30 Partial dentures Restorable Missing restorable TYPE 3 dentures CLASS 2 6 10 12 13 DENTALLY QUALIFIED 23 31 30 27 22 21 20 19 18 LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 1.018 46. CHEST X RAY (Place, date, film number and result) Film #468 14 1799-72 26 Oct NH, Oakland, B. ALBUMIN D. MICROSCOPIC neg Calif No active cardiopulmonary disease C. SUGAR Ess Neg

50. OTHER TESTS

WBC, HCT: WNL

GLUC 86, UREAN 18, CHOLES 236

49. BLOOD TYPE AND RH FACTOR

NA.

48. EKG

SEE ABOVE

47. SEROLOGY (Specify test used and result)

VDRL Non Reactive 6

## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name (Ty	of Examinee pe or print)	THREAD	G T LL Last	BURNEY	TC.
The fo	ollowing portions o	of the attached ex	amination report for	m need not be complet	ted:
	3	ġ	62	69	
. 87 <sub>0</sub> , r + 1	4	11	65	72	
	8	14	67	76	
		17	68		
a	my other applicant	unless the exami	ning physician deer	National Academy appl ns one, two, three or a examination of any cur	all four of the
	Required for (1) all ther where examin			nployees over 35 years	s of age; (3) any
a le	nd Special Agents	. Applicants for	the Special Agent po	ossible for all Special osition will not be acconversational speech r	epted if the hearing
For A	II Examinees, Whe	ther Clerical or S	pecial Agent Applic	ants or Employees:	•
The m	nedical examiner s	hould answer the	following question:		
- 12	Examinee 2	Is is not	qualified for strenu	ous physical exertion.	
To be	Answered in the (	Case of All Specia	al Agents and Speci	al Agent Applicants:	
			cting or prohibiting tail the practical u	his participation in desertion	efensive tactics and
	10.4	95. 1	10 1 0		
	No Yes If "	yes" please spec	ify defects.		
	e Answered in the drive Bureau vehic		al Agents, Special	Agent Applicants, and	other Employees
1. Do	es examinee have	any defects proh	ibiting safe operatio	on of motor vehicles?	
<i>-</i>	No Yes If	"yes" please spe	cify defects.		
le: <u>r</u> ec	ast 20/40 in one e ctive glasses while	ye and 20/100 in e operating a mot	the other, corrected or vehicle? \( \subseteq \text{Yes}		ld examinee wear cor-
_			ENCLOSURE	7-420:	371/2-129

	DES	IRABLE WE	ENGHATI ME	RANGES	·	· ·
	MALES		FBI	F	EMALES	·
Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
117 - 138	123 - 149	131 - 16SEC	22 <sub>5</sub> , <sub>0</sub> 3 38	PH 1972	101 - 124	109 - 138
120 - 142	126 - 153	134 - 167	5 <b>'1"</b>	99 - 118	104 - 128	112 - 141
124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
136 - 161	142 - 172	151 - 187-	5'5"	111 - 132	117 - 144	125 - 156
140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
144 - 169	150 - 183	160 - 198	<b>5</b> '7"	118 - 140	124 - 153	133 - 165
148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
174 - 204	182 - 222	192 - 238				
	117 - 138 120 - 142 124 - 146 128 - 151 132 - 155 136 - 161 140 - 165 144 - 169 148 - 174 152 - 179 156 - 184 160 - 188 169 - 198	MALES           Small Frame         Medium Frame           117 - 138         123 - 149           120 - 142         126 - 153           124 - 146         130 - 157           128 - 151         134 - 163           132 - 155         138 - 167           136 - 161         142 - 172           140 - 165         146 - 177           144 - 169         150 - 183           148 - 174         154 - 188           152 - 179         158 - 194           156 - 184         163 - 199           160 - 188         168 - 205           169 - 198         178 - 216	MALES         Small Frame       Medium Frame       Large Frame         117 - 138       123 - 149       131 - 163 EC         120 - 142       126 - 153       134 - 167         124 - 146       130 - 157       138 - 173         128 - 151       134 - 163       143 - 178         132 - 155       138 - 167       147 - 183         136 - 161       142 - 172       151 - 187         140 - 165       146 - 177       155 - 193         144 - 169       150 - 183       160 - 198         148 - 174       154 - 188       164 - 204         152 - 179       158 - 194       169 - 209         156 - 184       163 - 199       174 - 215         160 - 188       168 - 205       178 - 220         169 - 198       178 - 216       188 - 231	MALES         FBI           Small Frame         Medium Frame         Large Frame         Height           117 - 138         123 - 149         131 - 163 EC         125.03 38           120 - 142         126 - 153         134 - 167         5'1"           124 - 146         130 - 157         138 - 173         5'2"           128 - 151         134 - 163         143 - 178         5'3"           132 - 155         138 - 167         147 - 183         5'4"           136 - 161         142 - 172         151 - 187         5'5"           140 - 165         146 - 177         155 - 193         5'6"           144 - 169         150 - 183         160 - 198         5'7"           148 - 174         154 - 188         164 - 204         5'8"           152 - 179         158 - 194         169 - 209         5'9"           156 - 184         163 - 199         174 - 215         5'10"           160 - 188         168 - 205         178 - 220         5'11"           169 - 198         178 - 216         188 - 231         6'0"	MALES         FBT         FI           Small Frame         Medium Frame         Large Frame         Height         Small Frame           117 - 138         123 - 149         131 - 163 EC         25.03 36         Pla 172 144           120 - 142         126 - 153         134 - 167         5'1"         99 - 118           124 - 146         130 - 157         138 - 173         5'2"         102 - 121           128 - 151         134 - 163         143 - 178         5'3"         105 - 124           132 - 155         138 - 167         147 - 183         5'4"         108 - 128           136 - 161         142 - 172         151 - 187         5'5"         111 - 132           140 - 165         146 - 177         155 - 193         5'6"         114 - 135           144 - 169         150 - 183         160 - 198         5'7"         118 - 140           148 - 174         154 - 188         164 - 204         5'8"         122 - 144           152 - 179         158 - 194         169 - 209         5'9"         126 - 149           156 - 184         163 - 199         174 - 215         5'10"         130 - 154           160 - 188         168 - 205         178 - 220         5'11"	Small Frame         Medium Frame         Large Frame         Height         Small Frame         Medium Frame           117 - 138         123 - 149         131 - 16 EC         75.03 38         Pid 172 14         101 - 124           120 - 142         126 - 153         134 - 167         5'1"         99 - 118         104 - 128           124 - 146         130 - 157         138 - 173         5'2"         102 - 121         107 - 131           128 - 151         134 - 163         143 - 178         5'3"         105 - 124         110 - 135           132 - 155         138 - 167         147 - 183         5'4"         108 - 128         113 - 139           136 - 161         142 - 172         151 - 187         5'5"         111 - 132         117 - 144           140 - 165         146 - 177         155 - 193         5'6"         114 - 135         120 - 149           144 - 169         150 - 183         160 - 198         5'7"         118 - 140         124 - 153           148 - 174         154 - 188         164 - 204         5'8"         122 - 144         128 - 157           152 - 179         158 - 194         169 - 209         5'9"         126 - 149         132 - 162           156 - 184         163 - 199         174 - 215

4. Examinee's frame is small medium	large	
5. Considering above weight table, the examinee' I consider his present weight satisfactory		haracteristics,
6. Under proper medical supervision, employee sh	ould lose pounds	•
	gainpounds	
Remarks:		

Signature of Medical Examiner
J.W. SHIGEOKA LT MC USNR

Date

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING



٠.			
Name of Employee:	BURNEY (THREA'DGILL	, JR.	·
Where Assigned:	SAN FRANCISCO (Division)	(Section, Unit)	· · · · · · · · · · · · · · · · · · ·
Office LD 11 This	L LG L Supomiria	one Special Agent C	3C 14
Official Position Tit	le and Grade: <u>Supervis</u>	ory Special Agent, C	18-14
Rating Period: from _	April 1, 1972	to <u>March 31, 19</u>	073
	-		
ADJECTIVE RATING:	EXCELLENT		Employee's Initials
-	Outstanding, Excellent	t, Satisfactory, Unsatisfactory	BT
Rated by:	Signature Signature	Assistant Special Agent in Charge	3/31/73 Date
Reviewed by:	Signature Signature	Special Agent in Charge Title	3/31/73 Date
Rating Approved by:	Signature	Assistant Director	APR 25 1973
TYPE OF REPORT	RECT	420316	-130
X Official X Annual	Administrative  60-Day  90-Day	5 APR 25 1	973
· ·	<ul><li>Transfer</li><li>Separation from S</li><li>Special</li></ul>	ervice	
			TALLE

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

Name of Employee BURNEY THREADGILL, JR.
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)  + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
Satisfactory
Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
O No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE)  RESPOND TO EVERY ITEM  E 1. Personal appearance.
1. Personal appearance 2. Personality and effectiveness of his personal contacts.
2 1 ctsballing dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes X No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes X No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
8. Planning of work.  + 9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider
adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  12. Performance results (rate if applicable and mark others 0)   A. Internal Security;   B. Criminal or General
Investigative; <u>A</u> C. Fugitive; <u>A</u> D. Applicant; <u>O</u> E. Accounting; <u>O</u> F. Other, such as Supervisor.  Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
During the entire rating period, SA THREADGILL has served as Senior Resident Agent at Monterey, California. He is
particularly well qualified for this assignment due to his
superior judgment, willingness to assume responsibility, and
his forcefulness. He is the Supervisory Special Agent for those
Agents attending the Defense Language Institute, Monterey, and
also handles some security and criminal investigative matters.
He is an above-average Agent and handles all his duties in an
outstanding manner. SA THREADGILL is aware of the Bureau
applicant program in his daily contacts. His overall
performance is excellent.
Complexity of matters handled: None Moderate X Most complicated  Degree of supervision required: Above average Average Minimum X None
A Is employee evailable whorever needs of comments for many for the state of the st
B. Is employee qualified to operate a motor vehicle incidental to his official duties? Y Ves No.
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident
Agent, supervisor, instructor, etc.): Supervisory; Resident Agent
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Check	list (	and Narrative Comments continued
	13.	Firearms. Check One: X Qualified Qualified Instructor Expert
<u> </u>		Development of informants and sources of information. Comment on weaknesses or justify limited participation.
		During rating period developed informants;1potential informants.
		SA THREADGILL is aware of the importance of this program and developed one PSI during the rating period.
E	_ 15.	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
		E A. Reports; E B. Memos, letters, wires.
_ €	_ 16.	Performance as a witness. During rating period; X Based on past performance; No experience.
E	_ 17.	Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents: underline applicable.)
		E C. Making decisions + H. Getting results
		$\underline{\underline{\mathcal{E}}}$ D. Assignment of work $\underline{\underline{\mathcal{E}}}$ I. Furthering equal employment opportunity
		<u>E</u> E. Training subordinates
	_ 18.	Raids and dangerous assignments; _ E A. As leader; _ E B. As participant.
E	_ 19.	Miscellaneous. Specify and rate:
N/A	20.	Police Instruction: Qualified Participated Audited
	21.	Foreign Language Ability: Proficient in N/A language(s).  Can handle typical investigative problems as follows:
		A. Conversation form Excellent Very Good Good Fair Unsatisfactory
		B. Written form Excellent Very Good Good Fair Unsatisfactory
		Frequencylanguage ability used during rating period
		Anticipated use during ensuing year
. *		C. Completed Bureau Language School No Yes Specify language(s)
	22.	Administrative Advancement: (Check block if not interested.)
		A. X Yes No Agent is completely available for administrative advancement.  B. X Yes No Agent is completely available for administrative advancement, including experience, ability, personality
•		and appearance.  C. If answer to B is "Yes," Agent's qualifications are considered Very Good X Excellent Outstanding Explain if interested but not now qualified.
	-23	Number of Incentive Awards0
		Commendations received from Director: IndividualO Through Superior
		Suggestions submitted  If none, check block
	94	Disciplinary Action and Justification for any Unsatisfactory Items. X None
	<i>4</i> 4.	(List items taken into consideration on Checklist.)

#### EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

- (1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;
- (2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;
- (3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;
- (4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

Burney

(Signature)

Witnessed and accepted in behalf of the Director, FBI, on

(Signature)

Jeg J

%

December 3, 1973

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

Thank you for the best wishes you expressed in your letter of November 19th and I appreciate your support.

As you requested, it is a pleasure to enclose one of my photographs which I have autographed to you.

Sincerely yours,

15/ Cm Kelley
Clarence M. Kelley

rence M. Kelle Director

Enclosure

Large color autographed photograph of Mr. Kelley

NOTE: Special Agent Threadgill, Jr., is assigned to the San Francisco Office and is the Senior Resident Agent at Monterey, California. His last performance rating was excellent and he is in Grade GS-14.

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Asst. Dir.:	omc	
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Director Sec'y	MAIL ROOM	TELETYPE UNIT

Box

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San Francisco, California November 19, 1973

Mr. Clarence M. Kelley Director Federal Bureau of Investigation Washington, D. C.

Dear Mr. Kelley:

I am currently assigned to the Monterey, California, Resident Agency as the Senior Resident Agent, and also have supervisory responsibility for those Agents assigned to the Defense Language Institute at Monterey.

I would like very much to receive, and would consider it a great privilege and honor to have, an autographed photograph of you, if possible.

I also at this time want to wish you many years of health and happiness as the Director, and I look forward to serving winder your leadership.

Sincerely,

Burney Threadgill

Burney Threadgill

Special Agent

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77. EXAMINEE (Check)				
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## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

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5'7"	128 - 151	134 - 163	143 - 178	<b>5'3</b> "	105 - 124	110 - 135	118 - 149
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SAC, SAN FRANCISCO 1-23-74

PERSONAL ATTENTION

Director, FBI

BURNEY THREADGILL, JR. SPECIAL AGENT PHYSICAL EXAMINATION MATTER

ReBulet	
Reurlet	
Re Physical Examination 10-17-73	
Advise Bureau date captioned employee scheduled for physical	ıl examination.
Submit Physical Examination Report.	
Advise Bureau re physical condition.	
Advise Bureau if dental work has been completed.	
Advise Bureau if vision has been corrected to 20/20.	,
Submit statement from doctor advising if Agent is qualified fo exertion and use of firearms.	r strenuous physical
☐ Submit results of ☐ chest X ray, ☐ patch test, ☐ urinalysis, ☐ serology.	* * *
☐ Submit Bureau of Employees' Compensation forms.	•
Advise if medical bills submitted have been paid.	•
Submit reply by	

The Bureau notes referenced physical examination shows additional high frequency hearing loss for captioned Agent. Insure that he wears ear protectors while on the firearms range and have him execute a "To Whom it May Concern" signed statement setting forth the fact he wears such ear devices, and forward to the Bureau. MAILED 4

JAN 231974

TENTION PERSONNEL SECTION

TELETYPE UNIT

FWP.2-4-74/ple

FD-277 (Rev. 3-7-72)

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

UNITED STATES GOVERNMENT

## Memorandum

TO : Director, FBI		DATE: 2/	15/74		-
В					
FROM SAC, SAN FRANC	TSCO	Attention: P	ersonnel Section		
Chillian SAIN FRANC	1300	Attention.	ersonner Section		
7"	**	•			
SUBJECT: BURNEY THREADG	ILL, JR.			· 50.*	
SPECIAL AGENT					
PHYSICAL EXAMI	NATION MATTER				•
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Remylet		* .		8.	
YX ReBulet 1/23/	7.4	•			
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Re physical examination			• 1		
Dental work was completed on			. •		
Vision has been corrected to			=	· ·	
by	(name of person giving in	4	that he can op	erate a Burea	u car
only when wearing the necessary g		struction)			
Results of Chest X ray pat	· · · · · · · · · · · · · · · · · · ·	erology were negativ	ve'		
Enclosed physician's statement ind				firearms.	:
Enclosed are paid unpaid		chadas physical ch	ara ase of		
Attached are Bureau of Employees'		·		· · · · · · · · · · · · · · · · · · ·	
				4	
Physical examination reports are e	nclosed.			<del></del> ,	
Employee is scheduled for physica	l examination on		<u> </u>	•	
Physical examination report has be				•	
Employee returned to active duty _			_•		
Employee's physical condition is .					
UACB he is being removed from lin	nited duty.				
UACB he is being placed on limite	d duty.		Na.		
If employee is a Resident Agent,	is there a sufficient amount o	of nonarduous work	available to keep	him fully occ	upied and
are sufficient agents available to	handle emergency assignmen	its. Tyes Ti	No Ifanswer is n	o, separately	and
immediately submit your recommen					•
	•				
Remark s:	*	•		•	
2.			_	_	-
Signed statemen	t from SA THREAD	GILL concer	rning use o	of prote	ctive
ear devices on the house	firearms range e	nclosed for			
ENCLOS:	Frm. A	$\mathcal{M}$	a line	la come	To storm
1)- Bureau (Enc	ARX .	T,	que	an an	marked for the f
1 - San Francisc	· <i>- ', ', '</i>	30 A	明12 - 8	lev ac	
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San Francisco, California January 29, 1974

TO WHOM IT MAY CONCERN:

This is to advise that I wear protective ear devices while on the firearms range and will continue to do so in the future.

BURNEY THREADGILL
Special Agent

GSA GEN. REG. NO. 27



UNITED STATES GOVERNMENT

## Memorandum

Director, FBI DATE: 3/1/74TO Burney Threadgill Social Security Number \_\_ San Francisco Office of assignment \_ rocessing Section SUBJECT: OFFICES OF PREFERENCE Please list my offices of preference as follows:

1.	San	Francisco	3790	WX
		÷.		10
2.				·



#### REPORT OF PERFORMANCE RATING

	BURNEY THREADGILL	JR.
Name of Employee:		
Where Assigned:	SAN FRANCISCO (Division)	(Section, Unit)
Official Position Ti	tle and Grade: Supervi	sory Special Agent, GS-14
Rating Period: from	April 1, 1973	toMarch 31, 1974
ADJECTIVE RATING:	EXCELLENT	Employee's Initials
	Outstanding, Excellen	t, Satisfactory, Unsatisfactory
Rated by:	John & Willy	Assistant Special Agent in Charge 3/31/74
Reviewed by:	halls W. Bulls Signature	Special Agent in Charge 3/31/74  ### Title Date
Rating Approved by:	Signature	Assistant Director MAY 15 197
· · · ·		
TYPE OF REPORT		
X Official X Annual	Administrative  60-Day  90-Day  Transfer  Separation from S	C-130 8 WAY 16 1974
	Special	Antee
(NAV)会(公园)的		

#### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

: ∥Name a	f Employee BURNEY THREADGILL, JR.
Note:	Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared
	with current, existing job description requirements. RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
+	Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
_ <u>E</u>	Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
· _	Satisfactory Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall
0	Unsatisfactory rating must be supported in writing.  No opportunity to appraise. In other responses, use "X."
(II so II	IK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
E	1. Personal appearance.
1	2. Personality and effectiveness of his personal contacts.
+	3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
<u> T</u>	4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes X No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes X No. If answer to either is yes, explain.
- 4-	
T	5. Resourcefulness, ingenuity, and initiative.
+	6. Forcefulness and aggressiveness as required. 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
<i>+</i>	8. Planning of work.
_+_	9. Accuracy and attention to pertinent detail.
<u>+</u>	10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
+	11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
+	12. Performance results (rate if applicable and mark others O)
	Investigative; O. C. Fugitive; O. D. Applicant; O. E. Accounting; T. F. Other, such as Supervisor.  Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
	SA THREADGILL has served as Senior Resident Agent at Monterey,
	California, during the entire rating period. In this capacity
	he has, in addition to his general administrative responsibilities
	as SRA, the responsibility as Supervisory Special Agent for the
	Agents attending the Defense Language Institute at Monterey.
	(SA THREADGILL is a "can do" individual with an outstanding
	attitude and who is extremely capable in the supervision of
	the students at DLI in addition to administrating the RA.)
	(He is an affable, willing individual who has exhibited qualities
	of industriousness, reliability, and enthusiasm. \( \simeg \) During this period he is entitled to a rating of excellent.
	period he is entitled to a fatting of excellent.
	Complexity of matters handled: None Moderate X Most complicated
	Degree of supervision required: Above average Average Minimum X None
	employee available wherever needs of service require for general assignment? X Yes No Special assignment? X Yes No
If a (b)	employee qualified to operate a motor vehicle incidental to his official duties? XYes No unswer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Spe	ecify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident ent, supervisor, instructor, etc.): Supervisory; Senior Resident Agent
ADJEC	TIVE RATING: EXCELLENT EMPLOYEE'S INITIALS
	(Outstanding, Excellent, Satisfactory, Unsatisfactory)

Check	list	and Narrative Comments continued
	13	Firearms. Check One: Qualified Qualified Instructor Expert
()		
	_ 14.	Development of informants and sources of information. Comment on weaknesses or justify limited participation.
		During rating period developed $\underline{\mathcal{O}}$ informants; $\underline{\mathcal{O}}$ potential informants.
		SA THREADGILL has had limited participation in the informant
		program due to the nature of his assignment, principally in
		the supervision of Agents attending Defense Language Institute.
F	_ 15.	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
		£ A. Reports; _ O B. Memos, letters, wires.
E	16.	Performance as a witness. During rating period; N Based on past performance; No experience.
E		Executive evaluation (approved <u>Supervisors</u> , Relief Supervisors, Alternate Senior and Senior Resident Agents; underline
		applicable.)
		A. Leadership  F. Devising procedures
		B. Ability to handle personnel EG. Promoting high morale
		D. Assignment of work E. I. Furthering equal employment opportunity
6		E. Training subordinates
-12		Raids and dangerous assignments; A. As leader; B. As participant.
<u>R</u> .	_ 19.	Miscellaneous. Specify and rate:
NT / A		+ Dictation; Applicant recruitment; Other
N/A		Police Instruction: Qualified Participated Audited
	21.	Foreign Language Ability: Proficient in N/A language(s).  Can handle typical investigative problems as follows:
	•	(language)
		B. Written form Excellent Very Good Good Fair Unsatisfactory
		Frequencylanguage ability used during rating period
		Anticipated use during ensuing year
		C. Completed Bureau Language School No Yes Specify language(s)
	00	
	22.	Administrative Advancement: (Check block if not interested.) A. X Yes No Agent is completely available for administrative advancement. B. X Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
		C. If answer to B is "Yes," Agent's qualifications are considered Very Good X Excellent Outstanding Explain if interested but not now qualified.
	23.	Number of Incentive Awards
		Commendations received from Director: Individual 0 Through Superior 1
		Suggestions submitted 0
		If none, check block .
	24.	Disciplinary Action and Justification for any Unsatisfactory Items. [X] None
		(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS \_\_\_\_

FORM 12-60 (REV. 5/23/72) APPROVED COMP. GEN. U.S.-4-5-63 IN LIEU OF SF 1126

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST,	MIDDLE			SOCIAL SEC	URITY NUMBER
	THREADGILL BU	INEY JR		42	6-14-1799
		NOTIFICATION OF BA	SIC CHANGE		
CODE-NATURE OF A	ACTION		EFFECTIV	E DATE	DATE OF LAST EQUIV. INC
892—QU	ALITY INCREASE	896ADMIN. PA	/ INCREASE		
<b>X</b> 893-WI	THIN GRADE INCREASE	897—ADMIN. PA	/ DECREASE		
894—PA	Y ADJUSTMENT	OTHER (SPECIFY	IN REMARKS)	7/74	7/ 9/72
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NE	W SALARY	
GS-14	STEP 7	\$28.	287.00	\$2	9.095.00
		DATA ON UNPAID	· · · · · · · · · · · · · · · · · · ·		
PERIOD(S)		TOTAL	EXCESS IN PAY STAT	TUS AT END OF WAITIN	NG PERIOD INITIALS
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				YES	
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				•	•
EMPLOYE	E'S PERFORMANCE RATING	S SATISFACTORY OR BETTER.			
REMARKS:	700 770	This management of the same of			
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1.	15 111 9	1074			(DATE)
Mile C. L	67-NOT KE( 15 JUL 2	3 1974	•	<u> </u>	
			DIRECTOR	DEDCC	ONNEL FILE COPY

Standard Form 88

Revised April 1968
General Services Administration
Interagency Common Medical Records

2 ·

#### REPORT OF MEDICAL EXAMINATION

THREAD	ILL, BURNE	Y, Jr.		2. GRADE AND COMPON	IN TOSTION	3. IDENTIFICATION NO. 5/26-14-169
4. HOME ADDRESS	(Number, street or RFD,	city or town. State	and ZIP Code)	5. PURPOSE OF EXAMIN	ATION	6. DATE OF EXAMINATION
					<i>i</i>	25
	: 2544-5 (i.d.)			ANNUAL	•	10-1-9-74
7. SEX	8. RACE	9. TOTAL YEAR	S GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UN	IT -
Male	Cauc.	MILITARY	CIVILIAN	FBI	SF	(i)
12. DATE OF BIRT	<del></del>	ŘTH ,	<del></del>	14. NAME, RELATIONSHIP		XT OF KIN
-28-21	Miss.	•	•	*		
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TA-TEMINIMATE	STOWAL MEDIO	ADDRESS	<u> </u>	16. OTHER INFORMATION	1	
17. RATING OR SP	AKLAND, CA	94027	1 1	TIME IN THIS CAPACITY	Total)	LAST SIX MONTHS
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	CLINICAL EVALUATION		d comment (	y abnormality in detail continue in item 73 and	Enter pertinent	item number before eac
NOR- (Check	each item in appropri enter "NE" it not eval	iate col- ABNOR MAL	^ .		-	
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	5 (Perforation)			· 0	1 1.	
	GENERAL (Visual acuity and under items 59, 60	0 and 67)	#4	8-1. 12v	edeller	à tracin
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<del></del>	(Thrust, size, rhythm, soi		1 2 4	3. W	sign	exican /
	LAR SYSTEM (Varicosities,			0 1	-	Lrow 10/7
	MEN AND VISCERA (Include		-		1	
	AND RECTUM (Hemorrhoids. (Prostate, if in	dicated)	·		,	
34. G-U S			- timpio	yee advised to use	protective	
	EXTREMITIES (Strength, rain motion)	nge of	-	s devices while on firi	ng range.	17
36. FEET	motion)		Initials	7.1	nence 21	D'Connae R. V
	EXTREMITIES (Except feet)		- a			
	REXTREMITIES (Except feet) (Strength, ran) OTHER-MUSCULOSKELETAL		1.1 j. 1. wy pr. + 4.2		11203	71-123
	IFYING BODY MARKS, SCARS		1 1	EC-134	1000	
	LYMPHATICS		1	Seas	V	14 1975
	OLOGIC (Equilibrium tests un	der item 72)	.05		5 JAN	工作 1910 )3
	IATRIC (Specify any personali	ity deviation)	ZENCLOSURE			
	(Females only) (Check ho	ow done)	DENUL	(X)	•	2/201
	VAGINAL	RECTAL	d A	(Continue	in item 73)	DIC MI
44. DENTAL (Place			, above or below number of		REMARKS AN	D ADDITIONAL DENTAL
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Ÿ ^	N. SPECIFIC GRAVITY	D. MICROSCOP	ic 1) - (0	46. CHEST X RAY (Pla 426-14	ce, date, film number of $-1699-7$	HOCH NR
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45. URINALYSIS: B. ALBUMIN C. SUĞAR	DEG	D. MICROSCOP	NEGN	1	ce, date, film number of 1699-79	rig 69

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66. FIELD OF VISION	*		67. NIG	HYVISIO	n (Test	used and	score)			68. R	ED LENS	TEST		69. INTI	448Abr	R TENSION
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74. SUMMARY OF DEFE	ECTS AND DIAGN	soses (List dia Surj nerter	ignoses w al rej	ith item		<u> </u>				t is	Yn	1.1	lalj	/pec		
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Standard Form 513
Rev. August 1954
Bureau of the Budget Circular A-32-S/N 0109-201-2602 CLINICAL RECORD CONSULTATION SHEET REQUEST FROM: (Requesting ward, unit, or activity) TO: REASON FOR EQUEST (Complaints and findings PROVISIONAL DIAGNOSIS PLACE OF CONSULTATION APPROVED. BEDSIDE ON CALL CONSULTATION REPORT 1 Hyperlensum NAVHOSP OAK INTERMAL ALERICINE CLINIC standing after exercise 1678 standing after rest 1704 HT. 5-10 EP. ABPfound 25 out 1994 - no known FB. - noprior Hy DATE 6 NOV 1974 pE Blasabore Fundi marion Con am no LVH no obil bruits no idine. 4A - o protein, sadmit chares. Plen JSMA-12, SMA-le By privats M.D.

3) Hetz sorm gd SIGNATURE AND TITLE IDENTIFICATION NO. ORGANIZATION PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, niddle; grade; date; hospital or medical facility) REGISTER NO. WARD NO. CONSULTATION SHEET Standard Form 513 513-104-02

in the com

### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	THREADGILI	, BURNEY			
(Type or print)	***	Last	First	М	iddle
The following portion	ons of the attached ex	amination report	form need not	be completed:	
3 4 8	9 11 14	62 65 67		9 2 6	
	17	68		o	· · · · · · · · · · · · · · · · · · ·
any other appli	required for all Speci cant unless the exami ecessary. 45, 46 and	ning physician o	leems one, two	three or all fo	ur of the
	) all Special Agent app 35 years of age; (4) a				
and Special Ag loss exceeds a 2000 cycles).	minations should be a ents. Applicants for t 15 decibel average in	the Special Ager either ear in th	nt position will e conversation:	not be accepte al speech range	d if the hearing (500, 1000,
For All Examinees, Employees:	Whether Clerical or Sp	pecial Agent Ap	olicants, Nation	ial Academy A	oplicants, or
The medical examin	er should answer the	following questi	on:	· , ' · ·	***
Dager in		3.6.1.0	*		
To be Answered in	ee 🗀 is 🖂 is not the Case of All Specia			•	onal Academy
	ave any defects restri nments which might en				sive tactics and
□ No □ Yes	If "yes" please spec	ify defects		·	
**			٠		
To be Answered in who drive Bureau v	the Case of All Speci ehicles:	al Agents, Spec	ial Agent Appli	cants, and othe	r Employees
/	nave any defects prohi			* .	***
□ No □ Yes	If "yes" please spec				
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5'4"	117 - 138	123 - 149	131 - 163	5'0"	JAN966-16449	M <b>19375</b> 124	109 - 138	
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141	
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6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179	
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185	
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6'5"	174 - 204	182 - 222	192 - 238			*	*	

							ame, and other Excessive	individual phys		acterist	ics,
6. U	Inder	proper	medica	l supervis	ion, emplo	yee shoul	d lose	pounds pounds		* .	4
Rema	arks:	*	<u>.</u>						· · · · · · · · · · · · · · · · · · ·		
		* * :	¥							* .	

Signature of Medical Examiner

W. DEIGNAN CDR MC USN 18 OCT 74

Date

266

December 30, 1974

Lieutenaat Colonel William R. Bracke Police Dartment 310 Linchln Park Drive Cincinnali, Ohio 45214

Dear Colonel Bracke:

It was certainly thoughtful of you to write on December 16th and comment as you did concerning Special Agent in Charge Bates and my other associates in our San Francisco Office in connection with your recent trip to that lity. I want you to know communications such as yours are encouraging to all of us in the FBI and you may be sure the persons you mentioned will share my gratitude for your kind comments.

tions.

We were pleased to have you in attendance at the national symposium at Quantico concerning terrorist/extremist matters and look forward to your attendance at similar func-

With warm personal regards,

Sincerely yours,

C. M. Kelley

Clarence M. Kelley Director

Dep. AD Adm	1		Cincinnati - Enclosure
Dec AD less	7	_	Con Managingo Frale.

San Wrancisco - Enclosure Personal Attention SAC: Bring to the attention of appropria e personnel.

Colonel Bracke is President of the FBI National Academy Associates. Upon approval, this letter should be routed to the Personnel Records Section of the Files and Communications Division so that appropriate personnel file copies may be prepared

Comp. Syst. Ext. Affala

Files & Con Gen. Inv.

Inspection

Intell. Laboratory . Plan. & Eval. \_\_

Spec. Inv. \_ Training .



#### FBI NATIONAL ACADEMY ASSOC

December 16, 1974

William R. Brocke

Intell. Laborate Legal C Plan. & Spec. In Training Telephone Director S

Assuc, D Dep. AD Dep. AD Asst. Dir Admin. Compl S Ext. A

Files & Gen. Inv Ident. Inspecti

Honorable Clarence M. Kelley, Director Federal Bureau of Investigation . 506 Old Post Office Building Washington, D.C. 20535

Dear Mr Kelley:

Return to 12.0. for expression Please accept my sincere thanks for your personal invitation to attend the national symposium on possible Terrorist/Extremist Attacks on Activities of the American Revolution Bicentennial Celebration held at the FBI Academy at Quantico from December 9 to 12.

The symposium was most informative and much information was exchanged between the command and intelligence participants at the symposium.

I would lso like to take this opportunity to convey to you my sincere appreciation for the kindnesses and courtesies extended to me by Special Agent in Charge, Charles W. Bates, of the San Francis(b Field Office on the occasion of my recent attendance at the Mivisory Policy Board Meeting in that city.

The services rendered by Mr. Bates, his associates in his field office, Special Agents Dan Buckley, and his Resident Agent at Carmel, Burney Threadgill, Jr., contributed greatly to the success of the board meeting and to my mission of turning over the gavel to Chief Clyde Klaumann, the incoming President of the FBI National Academy Associates. No problem or need arose in San Francisco that Mr. Bates and his associates did not promptly respond to and satisfy.

0 de 3 c w. o d

Honorabl Clarence M. Kelley December 16, 1974
Page 2

As alway, it was a pleasure to work with and be in the company of our Fil friends.

Warmest ersonal regards,

William . Bracke National President

FBI National Academy Associates

WRB:dm

Mr. Charles W. Bates

### RECEIPT FOR GOVERNMENT PROPERT FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

Date

I certify that I have  $\overline{X}$  received returned the following Government property for official use:

SPECIAL AGENT CREDENTIAL CARD WITH CASE # 4303 COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 4303 (M

#### READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Signature)

Very truly yours

(Typed name) Burney Threadgill,

## Memorandum

TO : Director, FBI	DATE: 1/9/75
<b>1</b>	* ************************************
FROM SAC, San Francisco	Attention: Personnel Section
SUPEROT Miles of the December of	
SUBJECT Threadgill, Burney, Special Agent	
Physical Examination Matter	
inysical Examination Matter	
<i>y</i>	
Remylet	<u> </u>
Remylet ReBulet	<u> </u>
Re physical examination 10/25/74  Dental work was completed on	•
Dental work was completed on	•
Vision has been corrected to	. Employee specifically instructed
by (date) to to (name of person giving inst	that he can operate a Bureau car
•	truction)
only when wearing the necessary glasses.	ology were negative. $^{67 ext{NO}T}$ $_{RECORDED.5}$
Results of chest X ray patch test urinalysis ser	ology were negative.
The lead and while is in the statement indicates he is qualified for the	
Enclosed physician's statement indicates he is qualified for stre	nuous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	nuous physical exertion and use of firearms.
	nuous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms	nuous physical exertion and use of firearms.
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<ul> <li>☐ Enclosed are ☐ paid ☐ unpaid medical bills.</li> <li>☐ Attached are Bureau of Employees' Compensation forms</li> <li>☐ Physical examination reports are enclosed.</li> <li>☐ Employee is scheduled for physical examination on</li> <li>☐ Physical examination report has been reviewed and initialed.</li> <li>☐ Employee returned to active duty</li> </ul>	•
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SA	A 443 - X Comb - 95774	•		Donald E. Wallahan	3852
SA	Arthur J. Gesie 2574		SA	Donald F. Hallahan	
SA				Guy Randolph Beck	7255
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SA	Bryan J. Mogen 4553	<u> </u>	SAC		41
SA			SA	Ewing G. Layhew	6317
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SA	W.L. Dalrymple, Jr. 6284		SA	John V. Hanlon	980
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SA			SA	John M. Page	4038
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SA	Philip B. Nottingham 6331		SA	Robert L. Chapman	5787
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SA	James B. Fanning 6249		SA	Burney (Threadgill, Jr	. 4303
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			SA	Lesile L. vannatta	
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SA.	John J. Russell 4787	, —	SA	William R. Innes	3203
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SA	Don R. Rose 5167		SA	Claude H. Grace	5441
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# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

Phoe

#### REPORT OF PERFORMANCE RATING

	Transfer Separation from Special	Service S APA 1	17 1975
X Official X Annual	Administrative 60-Day 90-Day	Mar 4203	376 - 134 obered 11
TYPE OF REPORT			
Rating Approved by	Signature	Title	Date
Reviewed by Ast	Signature The	in Charge  Title Assistant Director	3/31/75 APRai29 1975
Rated by:	self My Tan	Assistant Special  Agent in Charge  Title  Special Agent	3/31/75 Date
	Outstanding, Excelle	nt, Satisfactory, Unsatisfactory	BO
ADJECTIVE RATING:	EXCELLENT	, 1	Employee's Initials
	*		· .
Rating Period: from	April_1, 1974	toMarch 31, 19	975
Official Position Ti		sory Special Agent, (	GS-14
Where Assigned:	SAN FRANCISCO	(Section, Unit)	
Name of Employee:	DOINGE THE THE TOTAL	<u></u>	, x
	BURNEY THREADGIL	I. IR	

A SYNTE 1950

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

Name of EmployeeBURNEY IHREADGILL, JR.
Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared
with current, existing job description requirements. RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
Satisfactory
— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
ONo opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes X No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes X No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
# 8. Planning of work.  # 9. Accuracy and attention to pertinent detail.
# 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider
adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
12. Performance results (rate if applicable and mark others 0) A. Internal Security; B. Criminal or General
Investigative; O. Fugitive; D. Applicant; Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
SA THREADGILL continues his assignment as Senior Resident
Agent at Monterey, California. In this capacity, in addition
to his general administrative responsibilities as SRA, he has
the responsibility as Supervisory Special Agent for the Agents
attending the Defense Language Institute at Monterey.
SA THREADGILL has <b>an</b> outstanding attitude and is extremely
capable in the supervision of the students at DLI, in
addition to administrating the RA. SA THREADGILL is an
affable, willing individual who has exhibited qualities
of industriousness, reliability, and enthusiasm. His overall
performance is excellent.
Complexity of matters handled: None Moderate X Most complicated  Degree of supervision required: Above average Minimum X None
A. Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands his/her position description.
B. Is employee available wherever needs of service require for general assignment? X Yes No Special assignment? X Yes No
C. Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):  Supervisory; Senior Resident Agent
ADJECTIVE DATING. EXCELLENT ENDLOYEE'S INITIALS POR
ADJECTIVE RATING: EMPLOYEE'S INITIALS (Outstanding, Excellent, Satisfactory, Unsatisfactory)

Onecia	1000	and that the Comments Comments
	13.	Firearms. Check One: X Qualified Qualified Instructor Expert
		Development of informants and sources of information. Comment on weaknesses or justify limited participation.
·	5	During rating period developed $\frac{0}{1000}$ informants; $\frac{0}{1000}$ potential informants. SA THREADGILL has had limited participation in the informant
	I	program due to the nature of his assignment, principally in
	1	the supervision of Agents attending DLI. He currently is
		responsible for one OA assigned to him.
_		. •
	15.	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
_		A. Reports; B. Memos, letters, wires.
		Performance as a witness. During rating period; X Based on past performance; No experience.
	17.	Executive evaluation (approved <u>Supervisors</u> , Relief Supervisors, Alternate Senior and <u>Senior Resident Agents</u> ; underline applicable.)
		+ B. Ability to handle personnel + G. Promoting high morale
		ED. Assignment of workEI. Furthering equal employment opportunity
	,	E. Training subordinates
€	18.	Raids and dangerous assignments; A. As leader; B. As participant.
E	19.	Miscellaneous. Specify and rate:
N/A	20.	Police Instruction: Qualified Participated Audited
	21.	Foreign Language Ability: Proficient in N/A language(s).  Can handle typical investigative problems as follows:
		A. Conversation form Excellent Very Good Good Fair Unsatisfactory
		B. Written form
		(language)   Decereme   Yely dood   Good   Fair   Olisatistactory
		Frequencylanguage ability used during rating period
		Anticipated use during ensuing year
		C. Completed Bureau Language School No Specify language(s)
	20	
	22.	Administrative Advancement: (Check block if not interested.)  A. X Yes No Agent is completely available for administrative advancement.  B. X Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality
		and appearance.  C. If answer to B is "Yes," Agent's qualifications are considered  Very Good  X Excellent  Outstanding Explain if interested but not now qualified.
		Expression in interconced our not now quantities.
	00	Number of Instanting Assembly
	23.	Number of Incentive Awards
		Commendations received from Director: Individual Through Superior
		Suggestions submitted  If none, check block [X].
	24.	Disciplinary Action and Justification for any Unsatisfactory Items. X None (List items taken into consideration on Checklist.)

May 19, 1975

PERSONAL

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

Dear Mr. Threadgill:

The circumstances surrounding your obtaining information regarding a possible embarrassing situation involving two of our employees have been reviewed by me. Your failure to bring this information to the immediate attention of your superiors in accordance with established Bureau procedures evidences poor judgment on your part. An administrator of your tenure and experience should be well aware of the necessity to afford prompt attention to any matter involving personnel and in this instance you were remiss.

In the future, you will be expected to carry out your administrative functions in a more alert and proficient manner so that further criticism of this nature may be avoided.

Very truly yours,

Clarence M. Kelley Director

1 - SAC, San Francisco (Personal Attention)

1 San Francisco Office FBIHQ Personnel File

TEA/mba (5)

DUPLICALE YELLOW

Based on memo Hurns to Walsh, 5-15-75, TEA:mba.

### FB1

•	÷ 111	Date: 4/23/75	
Tra	nsmit the following	in(Type in plaintext or code)	
	AIRTEL	AIR MAIL - REGISTERED	
Via	AIRIEL	(Priority)	*
			T
	FROM: SAC  RE: SA  DL  SR  MOD  PE  be interv  a possible  wherein h	A BURNEY THREADGILL ONTEREY RA ERSONNEL MATTER  Re Butelcall 4/21/75, instructing that SRA THREADGILE Viewed relating to his obtaining of information as	s to READGILL
		HEC-1321 161-694401	. b6
×		4° t m 6066	المامل عا
	(2) - Burea 1 - San F <u>CWB/jr</u> (3)	det vm 6066 iu (Enc. 2) (AM-RM) Francisco (1000) (AM-RM)	OM
Δ	Approved: 4107	SentM Per	A
	- 165E	pecial Agent in Charge U.S.Government Printing Office: 197	72 — 455-574

May 19, 1975

PERSONAL

Mr. Burney Threadgill, Jr. Federal Bureau of Investigation San Francisco, California

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Very truly yours,

Searched 5 MAY 27 1975

C. M. Kelley

Clarence M. Kelley Director

1 - SAC, San Francisco (Personal Attention)

- San Francisco Office FBIHQ Personnel Filews (

Based on memo Burns to Walsh, 5-15-75, #EA:mba.

GPO 954-546

ntell. Laboratory

ipec. Inv. \_ Frainina

Memo Burns to Walsh
Re:

Personnel Matter

SAC recommends no further action inasmuch as nothing has developed to indicate the relationship of

Administrative Division concurs with recommendation of SAC.

San Francisco, that no further action is warranted regarding

RECOMMENDATION:

1. That no further action be taken regarding

2. That attached letter of censure, previously approved, regarding SA Burney Threadgill, Jr., be forwarded.

3.

A Extra

September 12, 1975

Mr. Burney Threadgill, Jr. Ridgewood Road, Box 5025 Carmel, California 93921

Dear Mr. Threadgill:

I am sorry that it was necessary for you to undergo an operation, and want to express the hope that this note finds you progressing satisfactorily.

You should heed your doctor's instructions carefully, by no means permitting concern over your absence from duty to retard your recovery.

SEP 1.2 1975

Assoc. Dir.

Laboratory \_

Sincerely, Clarence

Kelley

1 - SAC, San Francisco (Personal Attention)

JLJ (4) %

Dep. AD Adm. \_\_
Dep. AD Inv. \_\_
Asst. Dir.:
Admin. \_\_
Comp. Syst. \_\_
Ext. Affairs \_\_
Files & Com. \_\_
Gen. Inv. \_\_
Inspection \_\_\_

See In Servil PLORDED Legal Country See SEP 25 1975

MAIL ROOM TELETYPE UNIT

MIL

GPO 954-546

#### PERSONAL INFORMATION AND/OR REQUEST FOR LEAVE

1.

( )			DA	TE: 9/10/75	
FROM SAC, SAN FRANC	ISCO				
BURNEY THREADG	ILL, JR.		4:	26-14-1799	
Assigned SAN FRANCISCO			7/21/47		
REQUEST FOR LEAVE WITHOUT				to	
Hours of annual leave accrued	Hours of sick leave (if ap		Desires adv		e in addition to LWOP
Reason:	· · · · · · · · · · · · · · · · · · ·		<b>.</b>		
·Vo					
If for marriage: (1) Name of future (2) If non-Bureau,	spousehas Form FD-292, "Chang	ge in Marital	Status," bee	, if Bureau e	mployee; Yes
	s: (Indicate extent of, de (Date of surgery and p	ostoperativ	e condition m	ndition under Remo ust be indicated u	arks) nder Remarks)
Date sick leave commenced	Injury Disea		Operation	Expected date of	return to duty
9/8/75	9/5/75			9/29/7	
Address: Confined at:	X Hospital Resid	lence			
Carmel, Califor	rnia 93921				
EMPLOYEE REQUESTS ADVANCE					
Employee has hours of	ED SICK LEAVE after acc			(if applicable) and	nued l
Employee hashours of DEATHS Father Mother	annual leave and	hours o	f sick leave	(if applicable) and	nued l
Employee hashours of	annual leave and	hours o		(if applicable) and	
Employee hashours of  DEATHS Father Mothe     Brother Siste:  Name of deceased  Cause of Death     Natural Accidental or Oth     additional remark	annual leave and	hours of aughter ther Date and p	f sick leave ( Relationship	esidence because	nued l
Employee has hours of  DEATHS Father Mothe     Brother Siste:  Name of deceased  Cause of Death     Natural Accidental or Oth	annual leave and	hours of aughter ther Date and p	Relationship lace of death	esidence because	PACOA
Employee has hours of  DEATHS Father Mothe     Brother Siste:  Name of deceased  Cause of Death     Natural Accidental or Oth     additional remark	annual leave and	hours of aughter ther Date and p	Relationship lace of death	residence because	PACOA
Employee has hours of  DEATHS Father Mothe     Brother Siste:  Name of deceased  Cause of Death     Natural Accidental or Oth     additional remark	annual leave and	hours of aughter ther Date and put be his to Time and of Anticipate	Relationship lace of death e is leaving remporary addr	residence because ess?	PACOA

FD-277 (Rev. 3-7-72)

OPTIONAL FORM NO. 10

MAY 1962 EDITION
GSA GEN. REG. NO. 27

UNITED STATES GOVERNMENT

# Memorandum

TO :	/ Director, FBI	date: 9	0/30/75
FROM:	SAC, SAN FRANCISCO	Attention: I	Personnel Se
SUBJECT:	BURNEY THREADGILL, JR. SPECIAL AGENT PHYSICAL CONDITION		M
g	XXRemylet 9/10/75  ReBulet	· ·	
Re phys	sical examination		 
	work was completed onhas been corrected to		
	(date) by for the necessary glasses.	ng instruction)	that he can operate a Bureau car
Enclose Enclose	of chest X ray patch test urinalysis ed physician's statement indicates he is qualified for a re paid unpaid medical bills.  In the dare Bureau of Employees' Compensation forms	or strenuous physical e	exertion and use of firearms.
Physica	al examination reports are enclosed.		•
Employe	ee is scheduled for physical examination on	-	
TX Employe	al examination report has been reviewed and initials ee returned to active duty 9/29/75		<del>_</del> •
X Employ	ree's physical condition is satisfactory		<del>-</del> •
	ne is being removed from limited duty. ne is being placed on limited duty.		
are suf	loyee is a Resident Agent, is there a sufficient amo fficient agents available to handle emergency assig lately submit your recommendation for the return of	nments. Yes	No If answer is no, separately and
Remark s:			
-	Statement from physician wil	l be forward	ed when received.
POT NY	1 - Bureau 1 - San Francisco	ned CRT	Mille fallog 10-9-25
. /} ′0⊾ mon 19 4641 ⊈	OZD RECORDED	1	OFF



# OPTIONAL FORM NO. 10 MAY 1962 EDITION GSA GEN. REG. NO. 27 UNITED STATES GOVERNMENT

# Memorandum

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TO :	Director, FBI		DATE: 1	0/7/75		
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W//						
FROM:	SAC, SAN FRANCISCO		Attention:	Personnel Se	ction	
/ 1	// )					
otininom	BURNEY THREADGILL, JR.					
SUBJECT:	SPECIAL AGENT					
	PHYSICAL CONDITION			•	•	
	INIDICAL CONDITION					
		* .				
	*			V 1		
	XX Remylet 9/30/75	*				
	ReBulet		·			**
		•				•
Re phy	sical examination			<b>-</b> ·		
Dental	work was completed on	<del> </del>		<u> </u>		
U Vision	has been corrected to			Employee	e specifical.	ly instructed
	(date) by (name of pers			that he	an operate	a Bureau car
	nen wearing the necessary glasses.	son giving insti	ruction)			•
	s of chest X ray patch test uring	alveis Tear	logy were nega	tivo		×
	ed physician's statement indicates he is qua				no of firen	m.a.
EAST TOTO S	cu physician's statement murates ne is qua					
			iuous physical (	Action and t		20
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Enclos					COKD	ED-in
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1 0 0CT 1 5 1975

Monterey, California September 29, 1975

#### TO WHOM IT MAY CONCERN:

Mr. Burney Threadgill has been under my care for the past three weeks. His progress has been satisfactory and he may return to work and assume full duties as of this date.

ery truly yours

GEORGE E. DUEKER, M. D.



Revised April 1968 General Services Adminis Interagency Comm. on M		ORT OF MEDICAL	FYAMIMATION	(3)
FPMR 101=11.809-3				economic de contractivos de co
1. LAST NAME-FIRST N	GILL, BURN	EV Je	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO. 426 · 14 · 1699
	aber, street or RFD, city or town, Stat		5, PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
4. HOME ADDRESS (IVUIII	iver, street of RFD, cay or town, Star	e and ZII Code;	Annual P.E.	11/21/75
				11/21/10
7. SEX 8. R/	(ar Ia		10. AGENCY 11. ORGANIZATION U	NIT
	Cauc MILITARY	RS GOVERNMENT SERVICE		rancisco
		CIVILIAN	<del></del>	
12. DATE OF BIRTH	13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF N	TEXT OF KIN
10/28/21	m155.			
	, , , , , , , , , , , , , , , , , , ,	<u> </u>		
15. EXAMINING FACILITY	OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. RATING OR SPECIALT	Y	2	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
	CAL EVALUATION	NOTES. (Describe eve	ry abnormality in detail. Enter pertiner Continue in item 73 and use additional st	nt item number before each
NOR- (Check each a	item in appropriate col- "NE" it not evaluated.) 1\L	K•		ioots in incoossary ,
	NECK. AND SCALP		Employee advised to use protective	
X 19. NC-3E			hearing devices while on firing range.	
X 20. SINUSES		7	nearing devices	10 A Rh.
21. MOUTH AND	THROAT		Fluence LO	Comme. Mic
22. EARS—GENER	RAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	Initia	ls_	
X 23. DRUMS (Per)		=		
24. EYES-GENER		*		
X 25. OPHTHALMOS		-		
	uality and reaction)	-		· · · · · · · · · · · · · · · · · · ·
	ILITY (Associated parallel move-			
	CHEST (Include breasts)	<u> </u>		
	ust, size, rhythm, sounds)	-		
	YSTEM (Varicosities, etc.)			. **
/ 1.	ID VISCERA (Include hernia)			
	CTUM (Hemorrhoids, fistular) (Prostate, if indicated)			•
34. G-U SYSTEM	1.6			
	EMITIES (Strength, range of motion)		87.4170	377/ 128
36. FEET			1	10-100
	EMITIES (Except feet) (Strength, ran o' of motion)	_ P	E 60 Trened	Numbered
	R MUSCULOSKELETAL		1 FEB	3 1976
X 39. IDENTIFYING X: 40. SKIN, LYMPH	BODY MARKS, SCARS, TATTOOS			0 1010
X 40. SKIN, LYMPH	IATICS			
	(Equilibrium tests under item 72)		JEE 1/	
42. PSYCHIATRIC	(Specify any personality deviation)	I ENCLOSURE	THIP MY	
43. PELVIC (Fem	nales only) (Check how done)	NCLOS	$\mathcal{Y}$	
	VAGINAL DRECTAL	1 Ele	(Continue in item 73)	TALLER CONTRACTOR STANDARD
44. DENTAL (Place appr	ropriate symbols, shown in example	es, above or below number of	upper and lower teeth.) REMARKS A	ND ADDITIONAL DENTAL
0	· / Non-	x	DEFECTS AN	ID DISEASES
1 2 3 Restorable 32 31 30 teeth	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	2 3 Missing 1 2 3 31 30 teeth 32 31 3	Replaced 1 2 3 Fixed DYPE dentures (2) dentures	3
$P \nearrow 2$	4 5 6 7 8	X X X X	- CLAS	5 1 0 1
G 32 31 30		9 10 11 12	- 13 14 15 16 E DENTA	LLY QUAL
T >k		1 2 2	2 19 18 17 F	
		LABORATORY FU	NDINGS	
45. URINALYSIS: A. SPEC	CIFIC GRAVITY STRAW/CI	1.017	46. CHEST X-RAY ( Place, date, film number	and repull)

45. URINALYSIS: A. SPECIFIC GRAVITY STR W/CI 1.01/ 46. CHEST X RAY (Place, date, film number and result)	
B. ALBUMIN Neg   DSWIERPERCOPIC WBC 0-1   11-21-75, 426 14 1699, Normal che	št
c sugar Neg Amorph RBC 0-1 NRMC OAKLAND	
47. SEROLOGY (Specify lest used and result) 48. EKG 49. BLOOD TYPE AND RH 50. OTHER PROTESTS 018. GLU 132.H	
VDRI Non Reactive See Choil 255	
EKG ATTACHED Trg 82	, .

		-			MEA	ASURE	MENTS A	ND OTHE	R FINDIN	GS	-					•	
51. HEIGHT		2. WEIGHT	1 '	COLOR HAIR	5	_	OR EYES	55. BU	ILD:	ون وثي		- 33.	ri.	•	56. TE	MPERAT	JRE
7	9	182	_	Grey		Br	0200		SLEND	ER) . 🔲 🖟	MEDIUM	HEA!	۷Y 🔲	OBESE			
57.	BLOOK	PRESSURE	(Arm at hear	t level)			58.			1 PU	LSE (Ätt	n at heart le	vel)			<i>:</i> :::	
Α.	sys./20	В.	SYS.	; c.	SYS.		A. SITTI	. '	B. AFTER	EXERCISE	C: 2 MII	, AFTER	D. REC	UMBENT	E. AFT	ER STAN	DING
SITTING	DIAS. 78	RECUM- BENT	DIAS.	STANDING (5 min.)		<b>,</b>	7	/	<u> </u>				1	· .			
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LEFT 20/ 2	0	CORR. TO	20/	BY		S.			cx			CORR	TO		BY		٠,
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63.	ACCOM	MODATION		64. COLO	R VISION	Test	used and r	esulgi		65. DEF	TH PERC	EPTION Ind score)	. [	UNCORRE	ECTED		
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74. SUMM	ARY OF DEFEC	TS AND DIAG	NOSES (List	diagnoses wit	th item n	(Use	additional			7						· .	
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74. SUMM	ARY OF DEFECTIONS	TS AND DIAG	NOSES (List	diagnoses with	th item n	(Use sumbers	additional )	sheets if ne	ecessary)	7		6.	А. РН	HYSICAL I	PROFILE		
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# Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	TH	READ GILL	BurNEY	<b>Jr.</b> Middle
The following portions	of the attached	examination report fo	rm need not be comple	
3		62		
	9	65	69 72	
. 4 8	11 <sub>.</sub> 14	67	76	
O	17	68		
	t unless the exa ssary. 45, 46 ar	mining physician dee nd 47 are required in	ems one, two, three or examination of any cu	all four of the rrent employee.
	-		amination indicates su	
71. Audiometer examin and Special Agents loss exceeds a 15 2000 cycles).	s. Applicants fo	r the Special Agent p	possible for all Specia position will not be ac conversational speech	cepted if the hearing
For All Examinees, Who Employees:	ether Clerical or	Special Agent Appli	cants, National Acade	my Applicants, or
The medical examiner s	should answer th	e following question	:	
Examinee	is mis no	ot qualified for stren	ous physical exertion	
To be Answered in the Applicants:				
-	nts which might	entail the practical u	use of firearms?	defensive tactics and
No ☐ Yes If	"yes" please sp	ecify defects.		
γ				
To be Answered in the who drive Bureau vehice.  1. Does examinee have	cles:			d other Employees
No Yes If	"yes" please s	pecify defects.		
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			7-42037	76-138
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5'7"	128 - 151	134 - 163	143 - 178	5'3 <b>"</b>	105 - 124	110 - 135	118 - 149		
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152		
5'9"	136 - 161	142 - 172	151 - 187	5 <b>'</b> 5"	111 - 132	117 - 144	125 - 156		
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161		
5'11"	144 - 169	150 - 183	160 - 198	5'.7"	118 - 140	124 - 153	133 - 165		
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6'1"	152 - 179	158 - 194	169 - 209	5 <b>'</b> 9"	126 - 149	132 - 162	141 - 174		
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179		
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185		
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190		
6'5"	174 - 204	182 - 222	192 - 238						

4.	Examinee's frame is small medium I large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should pounds
	gainpounds
Re	marks:

A Room Was Signature of Medical Examiner

11/21/75 Date

973 EDITION 衛南 (41 CFR) 101-11.6 UNITED STATES GOVERNMENT

# Memorandum

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DIRECTOR, FBI

(Attn: Administrative Division)

SAC, SAN FRANCISCO

SUBJECT:

SRA BURNEY THREADGILL, JR. MONTEREY RESIDENT AGENCY SAN FRANCISCO DIVISION RESTORED ANNUAL LEAVE

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			l

DATE: 1/21/76

Ssoc. Dir. Dep. AD Adm. -Dep. AD Inv. --Asst. Dir.: Admin. \_\_ Comp. Syst. -Ext. Affairs -Files & Com. -Gen. Inv. ident. -Inspection -Intell. \_ Laboratory -Plan. & Eval. Spec. Inv. -Training \_ Legal Coun. -Telephone Rm. rector Sec'y

SA THREADGILL desires to apply to have nine (9) days annual leave restored to him that he lost by not taking this leave prior to 1/3/76. These nine days were to have been taken 12/12-24/75. This leave was applied for and approved 11/14/75.

**b**6 This nine days of annual leave could not be taken due to assignments in the Monterey RA involving (182-1441); a personnel matter, and (77-15452. As the SRA in Monterey it was necessary for SA THREADGILL to be present and work these matters.

It is requested that these nine days of annual leave be added to employee's present leave.

Numbered

10 MAR 25 1976

- Bureau - San Francisco

JJM/jr  $\cdot$  (3)

See Addendum Page 2

SEE ADDENDUM OF THE ADMINISTRATIVE DIVISION PAGE 3..



Savings Bonds Regularly on the Payroll Savings Plan

#### ADDENDUM OF SPECIAL INVESTIGATIVE DIVISION RFH:rar 1/27/76

Due to the fact that SA Threadgill applied for his leave of nine days prior to November 14, 1975, Special Investigative Division concurs with SAC, San Francisco, that the nine days of annual leave be added to SA Threadgill's present leave.

SRA Burney Threadgill, Jr., San Francisco Division, requested nine days annual leave (AL) on 11/14/75 for the period 12/12/75 through 12/24/75. This AL was approved by SAC, San Francisco. SRA Threadgill was unable to utilize the scheduled AL as a result of the exigencies of public business.

Federal Personnel Manual states that the restoration of unused AL can be made when: (1) the exigencies of public business or operational demand were of such importance as to preclude the use of scheduled AL. The operational demands may be unanticipated or anticipated; and (2) the AL must have been scheduled in advance.

Civil Service Commission (CSC) has established a time limit of two years within which restored AL must be used by the employee. This time limit does not begin with the start of the leave year within which the leave was restored but the starting date is the date fixed by the agency head, or his designated official, as the termination date of the exigencies of the public business which resulted in the forfeiture of the AL. The time limit is not necessarily exactly two years from the starting date. Rather, the time limit ends at the end of the leave year in which the end of the second year occurs.

Computer Systems Division, FBIHQ, has advised that SA Threadgill has 72 hours AL which will be forfeited as of the end of the 1975 Leave Year.

Special Investigative Division, FBIHQ, concurs with the recommendation of SAC, San Francisco, concerning the restoration of unused AL to SA Threadgill.

#### **RECOMMENDATIONS:**

- (1) That 72 hours AL be restored to SA Threadgill, San Francisco Division.
- (2) That the attached letter to SAC, San Francisco, advising of the restoration of leave to SA Threadgill be approved.



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UNITED STATES GOVERNMENT

# Memorandum

TO : Director, FBI	DATE: 1/30/76
FROM: SAC, San Francisco	Attention: Personnel Section
SUBJECT: Burney Threadgill, Jr.	
Special Agent Physical Examination Matter	
<u>-</u>	WALLOW WA
	A CONTRACTOR OF THE CONTRACTOR
	A PACADA
RemyletReBulet	
Re physical examination11/21/75  Dental work was completed on	
Vision has been corrected to	
by	struction) that he can operate a Bureau car
only when wearing the necessary glasses.	Struction)
Results of chest X ray patch test urinalysis se	
Enclosed physician's statement indicates employee is: Quafirearms; Qualified for firearms, exclusive of defensive tac	
no, explain under remarks.	
Future participation in firearms is remote and weapon will be re	turned to the Bureau.
Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation forms	
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	
Physical examination report has been reviewed and initialed.  Employee returned to active duty	
Employee's physical condition is	
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
If employee is a Resident Agent, is there a sufficient amount of are sufficient agents available to handle emergency assignmen	
immediately submit your recommendation for the return of this	
	lts of repeat Glucose test as soon
as received in this office.	
1 - Bureau (Encl. A)COSUS /	
1 - SF ( ) ( ) ( )	0429
CMB:10C	flut (villfallow
(2) REMAYEN SEPRENTELY JE. C.	46 1175
747	-76. Or or
E <b>5</b> Josure FEB 9 197641	Day



#### UNITED STATES GOVERNMENT

# Memorandum

TO /:	Director, FBI	DATE:	2/9/76
FROM:	SAC, San Francisco	Attention	: Personnel Section
SUBJECT:	Burney Threadgill, Jr. Special Agent Physical Examination Mat	ter	
	Remylet		
<b>X</b> Re phys	ical examination 11/21/76		·
Dental w	ork was completed on		•
∐ Vision h	as been corrected to		•
(	date) by (name of perso	n giving instruction)	that he can operate a Bureau car
Enclosed firearms no, expl	ofchest X raypatch testurinal d physician's statement indicates employee :Qualified for firearms, exclusive of de ain under remarks. articipation in firearms is remote and weapond arepaidunpaid medical bills. If are Bureau of Employees' Compensation for	is: Qualified for strength of the Lactics. SAC control will be returned to the E	nuous physical exertion and use of curs, Yes No. If answered ureau.
	l examination reports are enclosed.		
	e is scheduled for physical examination on . I examination report has been reviewed and i		•
Employe	e returned to active duty		<del></del>
	ee's physical condition is		<del>- ; •</del>
	e is being removed from limited duty. e is being placed on limited duty.		
If emplo		assignments. $\square$ Yes	
Remarks:	Ekg report states pred Left anterior hemibloo		1-2-3 probably mismounted.
1 - SF CWB: foo	reau	further a	ction
(2) - <del></del>		13-16	- /
57-NO Enclosu	T RECORDED FEB 17 1976	~	THREE DOJ/FBI
	20		

MEC-136 Libration in view of Sec. 8336(c) 5 USC, and and uff cb 2-27-76. annually to commerce February 12, 1976 PERSONAL LEB! INU-M/L Mailing List Mr. Burney Threadgill, Jr. Federal Bureau of Investigation ADD Change Noted San Francisco, California DOD Dear Mr. Threadgill: I have your letter of January 30, 1976. submitting your application for retirement, and am sorry to see you leave. Let me take this opportunity to express my appreciation for the loyal and devoted service you have given our organization, and thus to the Nation. You are certainly entitled to be proud of your achievements, and 4 am glad to note that you have found your association with the Bureau and its personnel to be so rewarding. It will be a pleasure to place your name on out mailing list to receive the Law Enforcement Bulletin and The Investigator" as you requested. Thank you for your kind comments, and I hope that the future will be filled with Salary 6514(5-7)\$32,231 happiness for Mrs. Threadgill and you. )FŴ:消費 Sincerely. Assoc. Dir. Dep. AD (Adm. (28) Dep. AD AD Inv. 1 - SAC, San Francisco (Personal Attention) Enclosures (5) The attached sst. Dir. 3 - SAC, San Francisco (Personal Attention) Form 3-496 with 3 enclosures should be given to SA Threadgill. There is also Comp. Syst. —attached a copy of Form 3-496 for your information. b6 Ext. Affairs -1 - Data Processing Section (Sent Direct) 1 (Last physical on 10-25-74) -SA Threadgill's cease active duty date is 2-27-76. EOD 7-21-47, SA. Forwarding address: Ridgewood Road, Box 5025, Carmel, Plan. & Eval. — California 93921. -NOTE: SAThreadgill is qualified by age and service for retirement under Telephone Rm. TELETYPE UNIT

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Mr. Burney Threadgill, Jr.

(Continued)

liberalized provisions of the Civil Service Retirement Act. He is assigned as Senior Resident Agent, Monterey, California Resident Agency, San Francisco Office, in GS-14, \$32,231 per annum.

\*The above annuity figures include the 5.4% cost-of-living increase effective 3-1-76.

assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.

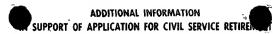
Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 3750 . A deduction for Federal income tax has been made from this estimate.

You should send CSC over your signature any change in address, setting out your CSA (retirement) number.

67-420376-139

They (over)

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE	D 1 T			
Records show you elected Optional Insurance of \$10,000 and have Records show you declined Optional Insurance but are covered by	Regular Insurance of Regular Insurance of	\$ <b>98 M</b>	<u> </u>	
Records show you waived both Regular and Optional Insurance.		7		_
You may continue your group life insurance coverage following retired being required to undergo a physical examination. Conversion to an	nent or convert it to a	n individual	life insuran	ce policy without
premium for a person of your age and class of risk. If you decide to	onvert, the Bureau sh	ould be imm	ediately adv	ised. Otherwise.
SF-56, "Agency Certification of Insurance Status," will be forwarded	to CSC and a copy se	nt to you. If	'vou elect t	o continue
Regular Insurance coverage, such protection will continue premium fr reduced 75% (at 2% per month) by the time you reach age 68 years and	e until you reach age	65. At that	time covers	age will be
remainder of life. Optional Insurance of \$10,000, if continued after re-	tirement, will be at fu	ıll premium o	cost until yo	u reach age 65.
Thereafter, it is cost free for the remainder of life and commencing at	age 65 it will be redu	ced 75% at t	he same rate	e as Regular
Insurance. The premium cost of Optional Insurance varies as to age and ranging to \$30.33 monthly for persons age 60 or over. Optional Insurance varies as to age				
tinue to pay for it until age 65 provided you keep Regular Insurance.	To retain the Optiona	l Insurance	requires no	action,
CSC will deduct the cost from your annuity. You must have had Option	nal Insurance for all	of your servi	ce during w	hich it was
available (first offered in (1968) or for 12 years immediately before year individual policy if you are not eligible to continue it or, if you do				
waive coverage at any time by notifying CSC and still keep your Reg	lar Insurance. Follow	ving retireme	ent, double i	
benefits concerning accidental death and dismemberment no longer ex				
You elected Optional Insurance on If you desire statement that you want to convert the Optional Insurance to an i	o convert the Optiona			
Note: If the annuity of an insured retired employee is terminated und				
life insurance coverage stops on the date of such termination,				II ED
DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERA  No. Beneficiary will be in order of proceedings used by U.S. Cover	nment, i.e., (1) widow	v or widower	. (2) childre	n.(3) parents etc.
😨 Yes; beneficiary designated as 🔟	wiie. all.			
This designation is being forwarded to CSC and it will remain va				
changed or canceled. Contact CSC for any change desired follow FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM	ing retirement.		. *-	b6
Records show you elected not to enroll.	*	•		
Records show you enrolled in the following plan:		7. ·		
Government-wide Service Benefit Plan (Blue Cross - Blue Shi	e Company)			
Comprehensive Medical Plan				
Special Agents Mutual Benefit Association (SAMBA) (See infe				
Unless you cancel your present health benefits enrollment, you will reach the CCC. The product of the control o				
enrollment will be transferred to CSC. The cost of your share of the Enrollment of an employee who dies while he is enrolled "for self an	l family" continues fo	rom your an	if at least o	no fomilia a l
is entitled to an annuity as the survivor. If the survivor annuitant is	the only eligible fami	ly member, th	he retiremen	t system will
automatically change the enrollment to "self only."				
The original of SF 2810, "Notice of Change in Health Benefits Enroll	ment," will be forward	ed to you by	the Bureau	at a later date
				auto.
SAMBA LIFE INSURANCE - The life insurance you carry under SAME	A on yourself and dep		continue in	•
SAMBA LIFE INSURANCE - The life insurance you carry under SAME or 7-10 coinciding with or next following the date of your retirement research.	roviding you pay the p	endents will premium sem	i-annùally.	force until 1-10 However, if
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(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (Last, First, Middle)				2. DATE	2. DATE OF BIRTH (Month, Day, Year)		SOCIAL SECURITY ACCOUNT NUMBER
THREA	DGILL, BUI	RNEY, JR.	(NMN	)	10-28-	21	426 14 1799
		B. INFORMATION	ONCERNING	ADDITIONAL CREDIT	ABLE CIVILIAN S	ERVICE, IF ANY	
(Month) (I 8-21 3. IF ANSWE	R IN ITEM 2 IS YES, C	CIVIL SERVI another retir	CE RETIREM ement system LE BELOW T	MENT CONTRIBUT m for Federal or L  O SHOW SERVICE	TIONS (Including Principle of Column Principle	ng Federal se nbia employee NO DFFICIAL DOC	CIVILIAN SERVICE NOT COVERED BY rvice covered by social security or s)?  UMENTS IN PERSONNEL FOLDER, DO OF LEAVE WITHOUT PAY, TIME
ACTUALL DUTY.	Y WORKED IF EMPLO	YMENT WAS INTER	MITTENT, OF	R TOUR OF DUTY	IF EMPLOYMEN	NT WAS PART	TIME WITH A REGULAR TOUR OF
is <u>NOT</u> accepted retirement.	otable for retirement pur	poses. If employee cla	ims civilian se	rvice <u>NOT</u> verified b	y official personn	el documents, do	erified allegation of prior civilian service o not delay submission of application for es, location of employment, and agency
EFFECTIVE DATE	ACTION	BASE PAY		EDERAL GENCY	RETIREMEN (If a	NT SYSTEM	REMARKS
	6 Appointed 5 Terminated	\$2168.28 p/		Departmen	t		
7-21-47			FB	I	CS	(Re	tirement deductions began)
2-27-76	Ret. Lib.	X					
TOTAL					,		IFIED CIVILIAN SERVICE 0-0-0
	С	. INFORMATION CON	CERNING CREE	DITABLE MILITARY S	ERVICE (If claim	ed by applica	int)
A COPY	CANT CLAIMS RETIRE OF OFFICIAL MILITAR FION FOR RETIREMEN	RY DISCHARGE CERT?		TTACHED TO		eptable only if	rtificate submitted with application for it shows specific dates of active service
HONOR/ FOR VE	ABLE MILITARY SERVI	CE HAVE BEEN VER E OR OTHER PURP	IFIED IN PER OSES, COM	SONNEL FOLDER PLETE SCHEDUL	( $By\ prior\ comp$ E BELOW. DO I	arison with of NOT DELAY S	TE. BUT EXACT DATES OF ACTIVE. ficial military discharge certificate) UBMISSION OF APPLICATION FOR ITE BELOW.
	F 144, Statement of Prior ple for retirement purpos		Iilitary Servic	e, or comparable do	cument containing	g applicant's un	verified allegation of military service, is
FROM	то	BRAN	СН	CHARACTER O	DISCHARGE		TIME LOST, IF ANY
5-5-43	1-31-46	U. S. Ar	my	Honora	ble	None	
TOTAL	VERIFIED N	VILITARY :	SERVIC	E 2-8-27	TOTAL	1	IFIED MILITARY RVICE 0-0-0
3. IS APPLIC	ANT IN RECEIPT OF M	IILITARY RETIRED P	AY?	MILI	TARY SERVICE	FOR CIVIL	MILITARY RETIRED PAY TO CREDIT SERVICE RETIREMENT? (See FPM bchapter S3-5f.)
	Attach a copy of applica	ant's military retired p	oay order, <u>if a</u>	vailable.	Yes. Attach copy waiver, if a		ance center letter to employee accepting
K No.			* *1	nous Ca	Noff (Inchides co	ides phage while	er ynglecessary) 29
CSC 1084 May 1971		ALSO (	COMPLETE AN	ID CERTIFY OTHER	SIDE OF THIS FO	RM 🗡	1011

D. TIPE OF IMME	DIATE RETIREMENT						
AGE     • Enter date that notice of mandatory separation wa	s given to employee						
2. X OPTIONAL (Voluntary)  • If retirement is under special provision for law enforcement	orcement employees, <u>attach</u> agency head's recommendation.						
3. DISCONTINUED • Attach certified summary of events leading to sepa	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.						
Prepare two copies of SF 2801-C, transmittal of me	dical documents, according to instructions on SF 2801-C.						
4. DISABILITY  • Attach Duplicate copy of SF 2801-C to this form for	r submission with application for retirement, SF 2801.						
	uments to civil service commission office having medical jurisdiction over disability at.						
E. FEDERAL EMPLOYEES GROUP LIFE IN	SURANCE AND HEALTH BENEFITS STATUS						
1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVER 870-1, Life Insurance, subchapter S6, for detailed instructions)	IAGE DURING RETIREMENT? (See Federal Personnel Manual supplement						
X YES. Enter following information below:	NO. Give reason below:						
Eligible to continue regular insurance only.	Less than 12 years service for life insurance purposes and retirement not for disability.						
Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	Waived all life insurance coverage.						
0.44.00	Not eligible for life insurance.						
2-14-68 (Insert date of most recent SF 176, Election, Declination, or Waiver of	Other (specify)						
life insurance coverage)							
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH Manual supplement 890-1, health benefits, subchapter S14, for detailed	BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel instructions)						
YES. Enter following information:	NO. Give reason below:						
442	Less than 12 years service for health benefits purposes and retirement not for disability.						
Enrollment Code Number	Not enrolled since first opportunity or for 5 years of service immedi-						
3209215	ately before retirement, whichever is less.						
, Carrier Control Number	Not enrolled for health benefits. Other (specify)						
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and cedures below will be followed in submitting SF 2801, Application for Retirement propriate box(es) below.	//or health benefits enrollment during retirement, determine which of the two pro- nt. After life insurance and/or health benefits actions have been taken, check ap-						
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE						
SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.	SF 2801 (Application for Retirement) and SF 2806 ( <i>Preliminary Retirement Record</i> ) will be submitted for approval <u>before</u> separation for retirement.						
LIFE INSURANCE DOCUMENTATION	LIFE INSURANCE DOCUMENTATION						
Applicant eligible for continued life insurance coverage.	Applicant eligible for continued life insurance coverage.						
Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)	Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary)						
NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.	will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.						
HEALTH BENEFITS DOCUMENTATION	HEALTH BENEFITS DOCUMENTATION						
Applicant eligible for continued health benefits enrollment.	Applicant eligible for continued health benefits enrollment.						
Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder	Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel						
copies of SF 2809 and SF 2810 together with any medical certificates.	folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.						
F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE	G. AGENCY EMPLOYING OFFICE CERTIFICATION						
1. Verify that life insurance and health benefits status as	I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.						
shown on this form are consistent with payroll records.	SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL						
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.	OFFICIAL TITLE DATE						
3. Submit SF 2801, Application for Retirement, together with	Personnel Officer 2-12-76						
certified SF 2806, Individual Retirement Record, and re-	AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELE-						
quired attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health,	PHONE NUMBER, INCLUDING AREA CODE						
Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1. Subchapter \$22.	FBI 202-324-4981						



In Reply, Please Refer to File No.

#### UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION San Francisco, California January 30, 1976

- b6

Mr. Clarence M. Kelley Director Federal Bureau of Investigation Washington, D.C.

Dep.-A.D.-Adm Dep. A.D. Inv. Asst. Dir.: Admin. Comp. Syst. Ext. Affairs ..... Files & Com. .... Gen. Inv. .... Ident. ...... Inspection ... Intell. ..... Laboratory ..... Plan. & Eval .... Spec. Inv. ... Training ... Legal Coun. Telephone Bon. Director Sec'y

Assoc. Dir.

Dear Mr. Kelley,

I respectfully submit my application for retirement as Senior Resident Agent, Monterey, California, Resident Agency, at the close of business on February 27, 1976.

This is my twenty-ninth year as an Agent with the Bureau, and it has been a pleasurable and most rewarding experience for which I will always be grateful. The high caliber of personnel associated with the Bureau, the reputation and esteem in which the organization is held, and the opportunity to serve our country has made it a very rewarding career and leaves me many pleasant memories.

I will consider it a privilege to be of any service to the Bureau at anytime in the future, and will be grateful if you will place me on the Bureau's mailing list to receive the Investigator as well as any other publications which are available to retirees. REC-136

I wish to take this opportunity to congratulat you in your position as Director and express my appreciation for your leadership and direction.

Sincerely,

Burney Threadgill, Jr.

fetach 2/11/16.

**b**6

05

3/20/10

SAC, San Francisco

February 9, 1976

FERSONAL ATTENTION

Director, FBI

ANNUAL LEAVE THEADGILL, JR. SS#426-14-1799.

Reurlet 1/21/76.

Bureau leave records disclose \$A Threadgill forfeited 72 hours of annual leave earned during the 1975 Leave Year. This is equivalent to the amount of leave he scheduled for use during the period 12/12/75 through 12/24/75 but was unable to use because of work exigencies; this amount is being restored in a special account for his later use. You should advise SA Threadgill of this information, and it will be incumbent on you to advise the Bureau of the date work exigencies terminate.

SA Threadgill must schedule and use the annual leave credited to him in accordance with the regulations contained in Time and Attendance Manual, Part I, Section I, page 14, paragraph G6(a).

RE0483

67- 42 03 76 - 139X Econolical Number 10 MAR 25 1976

JJS: tjylo

Based on Addendum of the Administrative Division, 2/5/76, JJS:rjw.

Assoc. Dir. Dep. AD Adm. \_ Dep. AD Inv. \_\_\_ Asst. Dir.: Admin. .. Comp. Syst. \_ Ext. Affairs . Files & Com. Gen. Inv. \_ Ident. Inspection \_ Intell. .... Laboratory . Plan. & Eval. \_ Spec. Inv. \_ Training . gal Coun. . TELETYPE UNIT

GPO: 1975 O - 569-920



# Memorandum

1. Pay Admin. 2. Property 4 Payroll

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ТО	: Direct	or, FBI	Attention	: Administrativ	DATE: 3/3	/76		
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Report of Exit and Separation FD-193 (Rev. 4-11-75)	b6
το: DIRECTOR, FBI	0
FROM: SAC,_SAN FRANCISCO	DATE: 1/30/76 Warfall
Name of Employee BURNEY THREADGILL, JR.	7/21/47   Title W Supervisory SRA, GS-14
Last Local Address Ridgewood Road,	Forwarding Address (include Zip Code, if known)
Box 5025, Carmel, Ca. 93921  Cense-active-duty Date (hour and last day physically at work)	Same   Working Hours (include workweek if other than Monday - Friday)
5:00 p.m., 2/27/76	8:15 a.m 5:00 p.m.
Interview Conducted By (Signature)	Title Special Agent in Charge
LEAVE DATA Leave category 4	☐ 6 XX 8
Hours of accrued leave employee will have at close of business of the last day physically at work. Do NOT add accruals if effect Hours of annual leave carried over at beginning of current leave y Leave to be used prior to cease-active-duty date.  Note: Public Law 93-181 provides employees are paid for all an	on cease-active date which is the last hour ctive date of separation is at a later date. AL 272 year
of separation.  If employee has been granted advanced leave, indicate number has	ours owed at close of cease-active-duty date. AL SL
READ BEFORE INTERVIEWING Purposes:	
1 - Obtain real, motivating reason for resignation 2 - Save a valuable employee if possible	t. Gara Umanala and Garage and Ga
<ul> <li>3 - Serve as basis for (1) information supplied by Bureau upon reanalysis of turnover, (3) determining necessary or desirable or recommendation regarding future reinstatement.</li> <li>When and Where Conducted: As promptly as possible after receip</li> </ul>	rganizational improvements, and (4) permitting a recorded
By Whom Conducted: Clerical employee - by immediate Agent su	pervisor; Agent - by SAC or in his absence by official acting for
	If such reason was because of employee's desire to leave Bureau ecute a reason under Item A below. (For instance employee might ating reason is to return home, not seek other employment.). If
1. Return to Home Area 2. Homesick for Family and Friends 3. Unable to Adjust to City Environment 4. Living Costs 5. Transportation	8. Dissatisfaction With Assignment 9. Dislike of Production or Work Standards 10. Dislike Performing Overtime 11. Dislike Shift Assignment 12. Working Conditions - Physical Plant (i.e., no air
6. Housing 7. Concern Over City Life (Crime, etc.)	conditioning)  13. Working Conditions (other than physical plant)
	14.  Lack of Promotional Opportunity 3.
15. Military 16. Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)	22. Change of Residence (husband or family moving) 23. Housewife or Child Care
Check both reason and type. Reason:	24. Resignation requested 25. Removal
a. Promotional b. Enter different field Type:	☐ All involuntary separations ☐ Abandonment of position - failed to submit resignation
<ul> <li>a. Other Government employment</li> <li>b. Private industry</li> </ul>	26. Resigned during administrative inquiry 27. XXRetirement
c. Self-employment 17. Poor Health (Self)	Optional (including liberalized); give reason
18.  Poor Health (Family) 19.  Marriage 20.  Matemity	Disability  28. Other (Explain under comments)
21. Attend School; locally; other area	
C. 1. Did employee violate terms under transfer agreement, 3-34 FD-382 Yes XX No; Government Employees Trainin agreement, 12-69? Yes XX No	tb Yes XX No; Foreign Assignment, g Act, FD-375 Yes XX No; transportation expense
2. Did employee resign prior to expiration of any agreement	made not covered in #1 such as to remain a specific period ??  Yes XX No If yes, specify agreement(s) involved
3. If FBIHQ clerical employee, did employee region within 1	00 days of entrance on duty? 🖂 Yes 🖂 No
47 If answertore ither queetion of or 3 febove is yes.  An in Advised employee any money due being held in about the interpretation of the control of the co	eyance until determination is made as to any indebtedness.
11- Bureau (Enc - Letter of Retirem	nent)
2 - San Francisco $(1 - P/F)$ CWB/jr $(1 - 67-5947)$	

D.	Does employee have any specific suggestion for improving the organization? XX No Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
E.	Has employee been cautioned about divulging confidential information acquired in job? XXYes No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
F.	All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.).
G	If employee is resigning for maternity purposes, appropriate block must be marked:  Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
	Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
	Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
н.	Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. 汉文 Yes
1.	Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036.
j	. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? XXYes No Was employee urged to satisfactorily pay his (her) just debts? XXYes No
1	Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere?
L	The retiring employee is qualified and desires the 20-year plaque 25-year plaque 30-year plaque 2/9/16
M	Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)
	Spend time with family.
N	Has there been any substantial change in employee's work performance record since submission of last performance rating? TXX No 口 Yes If "Yes" give current adjective rating and basis for change.
0	For SA Employees Only. Have reason(s) for resigning been thoroughly discussed with employee? Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employees control? Yes No N/A
P	Recommendations re reinstatement: Yes No (If No, explain why.).  N/A
1	
1	

# NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

1. NAME (CAPS) LAST-FIRST-MIDDLE MRMISS-MRS.	2.(FOR AGENCY USE)	3. BIRTH DATE	4. SOCIAL SECURITY NO.
· · · · · · · · · · · · · · · · · · ·		10-26-1	450-11-11.00
5. VETERAN PREFERENCE 1NO 3-10 PT. DISAB. 5-10 PT. OTHER	6. TENURE GROUP	7. SERVICE COMP. DATE	<b>国的这里是国的区</b>
2-5 PT. 4-10 PT. COMP.	<b>*</b>		<b>了一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
9. FEGLI 1-COVERED (Regular only declined Optional)	10. RETIREMENT	5-OTHER	11:(FOR CSC USE)
2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)		NE	
12. CODE NATURE OF ACTION	13. EFFECTIVE DATE	74. CIVIL SERVICE O	R OTHER LEGAL AUTHORITY
302 4 TIEFMENT . VOCULTARY	112-27-76	* ***	
15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE STEP (a) OR (b) OR	18. SALARY
[[문항 바이트 등 교육 수밖을 발생하는 것이다면 다시다.	OCCUPATION CODE	(a) OR (b) OR LEVEL RATE	
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19: NAME AND LOCATION OF EMPLOYING OFFICE		81 a	
20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND	22. GRADE STEP	23. SALARY
To the time time to the time to	OCCUPATION CODE	(a) OR (b) OR LEVEL RATE	TAY AVEUIT
24. NAME AND LOCATION OF EMPLOYING OFFICE	1		
25. DUTY STATION (City-county-State)			26. LOCATION CODE
27. APPROPRIATION	28. POSITION OCCUPIED	29 APPORTIONED P	OSITION
27 AFROMATION	1-COMPETITIVE SERVICE	FROM:	TO STATE
S. & E., FBI	2 - EXCEPTED SERVICE	1-PROVED-1 2-WAIVED-2	
30. REMARKS:		T WATER T	
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PER B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FRO			
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE.	C. DURING PROBATION	J	
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31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	34. SIGNATURE (Or oth	er authentication) A	IND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			
The state of the s		VIII.	Con
33. CODE EMPLOYING DEPARTMENT OR AGENCY			13/1
FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535	35. DATE		
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#### EMPLOYEE SERVICE STATEMENT

(See information on reverse)

1. NAME (CAPS) LAST-FIRST	-MIDDLE	,		MR-MISS	-MRS.	2. BIRTH	I DATE Day,Yr.)		3. SOCIA	L SECURITY NO.	4. STATEMENT NO.
THREADGILL,	BUR	NEY,	JR.	(NMN	I)	10-2	28-21		426-	14-1799	
SERVICE SUMMARY	FROM			то				SERVICE		CIVIL SERVICE RETIREMENT DEDUCTIONS	IF "NO" NAME OTHER RETIRE
	мо.	DAY	YR.	мо.	DAY	YR.	YRS.	MOS.	DAYS	YES NO	MENT SYSTEM
A. PREVIOUS CIVILIAN SERVICE							0	2	3		
B. SERVICE PERFORMED IN THIS AGENCY	7	21	47	2	27	76	28	7	7	x	
C. MILITARY SERVICE	5	5	43	1	31	46	2	8	27		
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE   31 6 7											
DEFERRED AN					·					<del></del>	
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9. SIGNATURE OF EMPLOYE  9. SIGNATURE OF AGENCY OFFICE  10. TITLE OF AGENCY OFFICE  PERSONNEL OF	OFFICIAL Bern	ens	nd 	2/27/	76 -76	FE RC	DDRESS DERAL DOM 696	BUREA 55 R HOOV	AU OF I Ver bui	UREAU AND DIVISION INVESTIGATION LIDING CYLTICAL AVE	i ,
2815=101-1M()) 31 8 MAR	CC Broj	HD	Personi	neLEold	er Cop	y – Co	mpletio	n Ińst	ructions	on Reverse	STANDARD FORM 281 MARCH 1974 FPM SUPPLEMENT 831-1

### Back of Page

#### INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

Items 1-3 Must agree with SF-50.

Hay Burner

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- Item 4 Number statements in consecutive order.
- Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.
- **Item 6** Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (Only one box is to be checked).

None-Check if the employee transfers to another position subject to the Civil Service Retirement System.

Refund Only—Check if the employee fails to meet either of the two general requirements for retirement upon

separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("one of two" rule)

**Deferred Annuity or Refund** — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

Immediate Annuity — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary with- out cause or during a major reduction
50	20	in force as determined by the Civil Service Commission.
Any age	5	Total disability; "one of two" rule, above, does not apply.

Sec 1-1117. 1.

CITINGS BURKS IN CONTRACTORY OF

- Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.
- Item 8 The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.
- Items 9-11 The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.
- NOTE: A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.

STANDARD FORM 56 AGENCY CERTIFICATION OF FEBRUARY 1968 U.S. CIVIL SERVICE COMMISSION Federal Employees Group Insurance Program FPM SUPPLEMENT 870-1 56-108 2(a). DATE OF BIRTH (Month, Doy, Year) 2(b). SOCIAL SECURITY NUMBER (Middle) (Last) Threadgill, Burney, Jr. 10-28-21 426 14 1799 3. CHECK THE REASON FOR TERMINATING INSURANCE OTHER (Specify) SEPARATED DIED 12 MONTHS HAD EMPLOYEE AT TIME OF (e). RETIRED NON-PAY DEATH APPLIED FOR CIVIL STATUS SERVICE ANNUITY? YES . CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY 54 IS ON FILE IN A CURRENT SF 54 IS THE EMPLOYEE'S OFFICIAL PERSONNEL CURRENT SF CURRENT (b). NOT ON FILE WITH THIS S F 54 ATTACHED FOLDER (OR EQUIVALENT) NOTE: IF EMPLOYEE (A) DIED-OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c): A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF THE PROPERTY OF T ATION OF INSURANCE. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE.

\$ 35,937 PER ANNUM DID-EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE-IN ITEM 5? NO YES YES IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 17:6; of 176-T): DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 2-27-76 I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS? OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. **b**6 February 27, 1976 orized agency official Supervisory Special Agent (Typed name of authorized agency official) Federal Bureau of Investigation Washington, D. C. 20535 (Name of agency) (Mailing address, including ZIP Code of agency)

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SEE OTHER SIDE

FOR

INSTRUCTIONS TO EMPLOYING AGENCY

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Orig 7/28:07 Copin of 9/55 to all at Redgewood Ped 18 x 5025 Commel Calif 93921 Copin of Most put & D. P. S. 1-16

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Section 1 to Automotive

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# TNSTRUCTIONS TO EMPLOYING AGENCY: Back of Page

#### COMPLETION OF CERTIFICATION

- 1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death
  - b. Retirement on an immediate annuity with 12 or more years creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following cirsumstances:
    - (1) Employee waived or declined on SF 176 (or SF 176-T);
    - (2) If it is known that within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
- 2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801), with the Civil Service Commission.
- 3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
- It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

#### DISPOSITION OF CERTIFICATION

- 1. Death of employee
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life
  - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees Group Life Insurance.
- 2. Retirement of employee
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54); if any, to the Application for Retirement and give duplicate of SF 56 to the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806). ]
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

#### Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address-print or type)

(Date)

- If the employee prefers to convert both his regular and optional insurance to an individual policy; give him the original and duplicate copy of the SF 56. Retain SF:54, if any.
- 3. If employee is receiving compensation benefits
  - a. Before completing item 7 contact the local **Burea**u of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE-COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415; and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.

5. In all cases-

Retain file copy of the SF in the employee's Official Personnel Folder or it in wivalent.

#### PROMPT CERTIFICATION REQUIRES

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56

#### NOTIC CHAN

L EMP	FOAEE	HEALTH B	ENEFITS	PROGRA	M ·	1	C	dn
IGE	IN I	HEALTH	BEN	EFITS	ENR		Name of	

05	DATA	PIZO
MI	2/	b6

3 A C	IDENTIFYING	DATA

	IDENTIFYING DATA		170
Threadgill, Burney	Jr.	2. DATE OF BIRTH  10-28-21	3. CARRIER CONTROL NO. 3209215
4. ADDRESS (INCLUDING ZIP CODE)	-	5. PAYROLL OFFICE NO.	-6. ENROLLMENT CODE NO.
Ridgewood Road		15-02-0001	442
Box 5025		7. SOCIAL SECURITY	8. DATE THIS ACTION TRECOMES EFFECTIVE
Carmel, California 93921	- :	428 14 1799	2-27-76
ONLY THE ITEM WRICH IS CHECKED BELOW AFFECTS YOUR INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMEN Part	E <u>M</u> ROLLMENT, READ THA IT IS TERMINATED AND T B.—TERMINATION	AT ITEM CAREFULLY AND FOLI YOU APPLY FOR CONVERSION	LOW ANY PERTINENT
YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A.	ITEM 8, ABOVE.		<del>.</del>
	,		
Part C.	- CHANGE IN PLAN		
YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HA	S BEEN TERMINATED BE	CAUSE OF YOUR ENROLLME	NT IN ANOTHER PLAN.
Part D.—TRANSFER OUT		Part E.—TRANSFE	RIN
YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO		•	
YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):		*	••
Bureau of Retirement, Insurance and Occupational Health Civil Service Commission Washington, D. C. 20415	SHOWN IN	W PAYROLL OFFICE (OR I PART K BELOW HAS ACC OLLMENT AND WILL CONTIN	CEPTED TRANSFER OF
Part F.—SUSPENSION		Part G.— REINSTAT	FMENT
YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE.		NROLLMENT HAS BEEN REINS TE IN PART A, ITEM 3, ABOV	STATED, EFFECTIVE ON
Part H.— CHA	IGE IN NAME OF ENR	OLLEE	
THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN			
NAME	DATE OF	BIRTH	SEX MALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART	T A, ITEM 4, ABOVE		L] FEMALE
·		•	
Part I.— CHANGE IN ENI	ROLLMENT - SURVIVO	R ANNUITANT	
YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY CO SEND YOU A NEW IDENTIFICATION CARD.	VERAGE TO SELF ONLY	. YOUR PLAN WILL	
YOUR NEW ENROLLMENT CODE NUMBER			
(NOTE: THIS ITEM TO BE CO	MPLETED BY RETIREMEN	T SYSTEMS ONLY)	
	H I.— REMARKS		
Employee annuitant			
Port K	- DATE OF NOTICE		
S. Ray Burn	2/	3-1-76	
Z-NOTINITED TATES THE PLANT OF THE PROPERTY OF	,	. UAIE	ship
2 MAD SWASHINGTON, D.C. 20535	ADDRESS (i	HCLUDING ZIP CODE)	21/1
			Standard Form No. 283

Quadruplicate —for Official Personnel Folder

Standard Form No. 2810 October 1972 FPM Supplement 890-1

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To Avoid Delay-1. Redd information (				re or Prii	ntin ink	البيني
ATTENDED TO THE PARTY OF THE PA	A. IDENTIFYING		AND DESCRIPTION OF THE PARTY OF			
THREADGILL, BURNEY (NMN	(Middle) I), JR.	2. LIST ALL OTHER N	AMES YOU HAVE USED	Ÿ		*
Ridgewood Road		4. PHONE NUMBER (Including Area (408)	Code) 5. DATE OF BIRTH (Month) (Day		6. SOCIAL SECUR ACCOUNT NU	MBER
Box 5025	•	624-8728	10/28/	21	426 14	1799
Carmel, California 9392		7A. ARE YOU A CITIZ UNITED STATES (			", OF WHAT COUN	ITRY ARE
BA. ARE YOU MARRIED X YES NO	b6 <u>_</u>	<del>                                     </del>	HE FOLLOWING INFORMATI	ON		
WIFE'S OR HUSBAND'S NAME HER (OR HIS) BIRTH DATE	HER (OR HIS) SOCIAL SE-	DATE OF MADEIAGE	TRINCE OF MARRIA	NGE.	MARRIAGE PERFOR	MED BY:
(First) (Middle) (Month) (Day) (Ye	CURITY ACCOUNT NUMBER	10/20/5	Berkel Califor		JUSTICE OF TO	HE PEAŒ
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER A before age 18)?	GE 22 (Or over age 22 and	incapable of self sup	port because of a disabil	ity incurred	₹ X YES	00 🔲
98. IF "YES" LIST NAME AND DATE OF BIRTH OF EA	CH CHILD. WRITE THE WORD	"DISABLED" AFTER CH	HILD'S NAME WHERE APPL	ICABLE		
CHILD'S NAME (First) (Middle) (Last)	DATE OF BIRTH (Mo.) (Day) (Yr.)	(First)	CHILD'S NAME (Middle)	(Last)	DATE OF B (Mo.) (Day)	
Company of the second s		AARINA DV CES				
1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OF	B. CIVILIAN AND			APPROYIM	ATE YEARS OF FED	ÆRAL .
BUREAU OR DIVISION, AND ADDRESS, INCLUDING Z	PCODE - FBI	(Month) (D) 2/27/7	6 (Year)	SERVICE CIVILIAN 2 Q	MILIT.	ARY
P.O. BOX 36015, 450 GO	LDEN GATE AV	4. TITLE OF LAST PC	SITION Senior	Resid	ent Agei	nt,
SAN FRANCISCO, CALIFOR	RNIA 94102	Monterey	, Californi	a, Re	sident A	Agenc
5. DO YOU HAVE FEDERAL 6. IF YOU HAVE REMPLOYEES GROUP LIFE INSURANCE, INSURANCE?  INSURANCE?  INSURANCE?	TO ENROLL OR	ENROLLED IN A PLAN MPLOYEES HEALTH B DE YOUR FIRST OPPOI FOR AT LEAST FIVE TORE YOUR RETIREMEN	ENEFITS RTUNITY CARRIER CONTR YEARS	OL NUMBER	ENROLLMENT CO	DE NUMBER
XXYES NO TES X	1	□ №	3209	215	442	
8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PER (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR O AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED ENVIRONMENTAL SCIENCE SERVICES ADMINISTRAT AVAILABLE.	COAST GUARD OF THE UNITED OFFICER OF THE COAST AND G	STATES; OR (B) REGULE EODETIC SURVEY AFTER	AR CORPS OR RESERVE COR JUNE 30, 1961; OR (D)	ORPS OF TH	HE PUBLIC HEALTH	SERVICE OF THE
BRANCH OF SERVICE SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK		NIZATION AT DISC Div., Regt., Co., e	
Army of 34 630 481	5/05/43	1/31/46	lst Sgt.	Co.		6th
the U.S.			<del> </del>	Glid	ler Inf.	
PA. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)?  9B. ARE YOU IN RETARY RETIRED P sion or compen	CEIPT OF OR HAVE YOU EVER AY? (Retired pay does not i isation.)	APPLIED FOR MILL nclude V.A. pen-	9C. IF "YES" WERE YOU UNDER CHAPTER 67, Public Law 80-810	TITLE 10,		
YES XX NO YES	<b>₹X</b> NO		YES	N		
C. DISABILITY INFORMATIO	NAME OF TAXABLE PARTY.	the same of the sa	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	CHARLES AND REAL PROPERTY.	المقالية ومناه والمناول والمناول	
BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHE ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPEL						(ATTACH
					The second secon	
	D. OTHER CLAI					
1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION THE FEDERAL EMPLOYEES' COMPENSATION ACT?	I FOR COMPENSATION UNDER		THE NUMBER OF YOUR COURCEURE COMPENSATION (Mo.) (I	ON:	ION CLAIM AND T $r)$ TO (Mo.) (Da	
☐ YES 🛣 NO						
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION RETIREMENT SYSTEM, INCLUDING APPLICATION FOR OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS?		IF KNOWN	_			, , ,
☐ YES XX NO		RETIREMEN REFUND	T DEPOSIT OR RED		CLAIM NUMBER	u(S)
3A. DO YOU HAVE LIFE INSURANCE THROUGH A INOW PAY PREMIUMS TO THE CIVIL SERVICE CO			WHICH YOU 38. IF	"YES" GIV	VE YOUR ACCOUN	T NUMBER
4A. HAVE YOU TEVERTBEEN EMBLOYED UNDER ANOT		48. IF "YES" GIVE	B		T SYSTEM /2	195
STANDARD FORM NO. 2801					January	1970
U.SCIXIL-SERVICE-COMMISSION	as to sawa are		•	1 5	FPM Supplem 2801	

INDICATE, BY SIGHING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

#### F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY



consist his fee in his on it

#### ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

All

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHAT-EVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- 6 If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will not begin until your death.



#### ANNUITY WITHOUT SURVIVOR BENEFIT

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

## G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)



#### ANNUITY WITHOUT SURVIVOR BENEFIT

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.



#### ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

- This type is available to all retiring unmarried employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- STECIFY THE MANE, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SEGURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUC-TION IN YOUR ANNUITY.

- The survivor's annuity will not begin until your death.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

#### H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

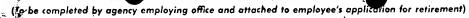
I. FOR USE OF EMPLOYING AGENCY	See FPM Supplement	831-1 for instructions.

I. FOR USE OF EMPLOYING AGENCY (See	FPM Supplement 831-1 for instructions.)	
CHECK APPROPRIATE BOX:  INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF S  INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. ( WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO	CIVIL SERVICE COMMISSION ON (DATE)	
NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)		_
	Certifying Officer 3-15-76	_
TELEPHONE NUMBER, INCLUDING AREA CODE  202 EX3-7100 EXT. 5940	Federal Bureau of Investigation	

OFFENSES BARRING ANNUITY FAYMENTS: 6 5 USC 8312 prohibits payment of annuity ersons who have committed specified offenses involving the actional security of the nited States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

## ADDITIONAL INFORMATION

ORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT





GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

					A. IDEN	ITIFICATIO	N OF APPL	ICANT		
1. NAME OF	APPLIC	CANT (Last, F	irst,	Middle) -		-	2. DATE C	F BIRTH (Mon	th, Day,Year)	3. SOCIAL SECURITY ACCOUNT NUMBER
THREA	DGI	LL. BU	RN	EY, JR.	-(NM N	)		10-28-	21	<b>426</b> 14 1799
				INFORMATION C			AL CREDITA			
(Month) (I	Day) (Y	TATION DATE	-   -	CIVIL SERVICE	CE RETIREM	IENT CO	NTRIBUTION		a Federal se	CIVILIAN SERVICE NOT COVERED BY rvice covered by social security or s)?
8-21									NO ~	
INCLUDIN	IG THE	EFFECTIVE D	ATE /	AND RATE OF E	ACH PAY CH	IANGE. L	JNDER "RE	MARKS" SHO	W ANY PERIO	JMENTS IN PERSONNEL FOLDER. D OF LEAVE WITHOUT PAY, TIME TIME WITH A REGULAR TOUR OF
is <u>NOT</u> accepted retirement.	ptable fo Instead,	r retirement pu	irpose attac	s. If employee cla	ims civilian se	rvice NOT	verified by	official personne	l documents, do	erified allegation of prior civilian service not delay submission of application for es, location of employment, and agency
EFFECTIVE DATE	ŕ	ACTION		BASE PAY		EDERAL GENCY		RETIREMEN (If a		REMARKS
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A COPY	OF OF	FICIAL MILITA OR RETIREME	RY D	NT CREDIT FOI ISCHARGE CEF			OTO No		eptable only if	rtificate submitted with application for it shows specific dates of active service
2 IF APPI	ICANT				BLE COPY (	DE OFFIC	CIAL MILITA	ARV DISCHAR	SE CERTIFICA	TE, BUT EXACT DATES OF ACTIVE.
HONOR. FOR VE	ABLE M	IILITARY SER\ S PREFEREN	VICE H	HAVE BEEN VER	IFIED IN PER OSES, COM	SONNEL PLETE S	FOLDER (	By prior comp BELOW: DO I	arison with of NOT DELAY S	ficial military discharge certificate) UBMISSION OF APPLICATION FOR
		tatement of Pri etirement purp		leral Civilian or M	lilitary Service	e, or comp	parable docu	ment containing	g applicant's un	verified allegation of military service, is
FROM		то		BRAN	СН	CHAR	ACTER OF	DISCHARGE		TIME LOST, IF ANY
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TOTAL	VE	RIFIED	ΜI	LITARY	SERVI	E 2-	8-27	TOTAL		IFIED MILITARY
3. IS APPLIC	CANTIN	RECEIPT OF	MILIT	ARY RETIRED P	AY?	<u> </u>	MILIT	ARY SERVICE	ANT WAIVED	RVICE 0-0-0 MILITARY RETIRED PAY TO CREDIT SERVICE RETIREMENT? (See F.P.M.
Yes.	Attach	a copy of appli	icant's	military retired	pay order, <u>if a</u>	vailable.		es. Attach copy	of military fin	ubchapter S3-5f.)  ance center letter to employee accepting
X No.	A			•			. 🗆 N	waiver, if a o. (Includes co		er unnecessary)
	2 7									

	D. TYPE OF IMME	DIATE RETIREMENT
1.	AGE . Enter date that notice of mandatory separation was	given to employee
	OPTIONAL (Voluntary)  • If retirement is under special provision for law enfo	orcement employees, attach agency head's recommendation.
3. 🗌 🖁	DISCONTINUED • Attach certified summary of events leading to separate SERVICE	ration and copies of all relevant documents exchanged with employee.
	Prepare two copies of SF 2801-C, transmittal of mer  Attach Duplicate copy of SF 2801-C to this form for	dical documents, according to instructions on SF 2801-C.
		uments to civil service commission office having medical jurisdiction over disability
	E. FEDERAL EMPLOYEES GROUP LIFE INS	SURANCE AND HEALTH BENEFITS STATUS
1. IS AP 870-1	PLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVER 1, Life Insurance, subchapter S6, for détailed instructions)	AGE DURING RETIREMENT? (See Federal Personnel Manual supplement
XY	YES. Enter following information below:	NO. Give reason below:
	Eligible to continue regular insurance only.	Less than 12 years service for life insurance purposes and retirement not for disability.
	Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	Waived all life insurance coverage.
4	2-14-68	Not eligible for life insurance.  Other (specify)
	(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)	Cuter (specify)
2. IS AF	PPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH ual supplement x90-1, health benefits, subchapter S14, for detailed	BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel instructions)
X z	YES. Enter following information:	NO. Give reason below:
	442	Less than 12 years service for health benefits purposes and retirement not for disability.
	Enrollment Code Number 3209215	Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.
	Carrier Control Number	Not enrolled for health benefits. Other (specify)
cedur	IMENTATION If amployee is eligible to continue life insurance coverage and res below will be followed in submitting SF 2801, Application for Retirementiate box(es) below.	ior health benefits enrollment during entirement, determine which of the true realt. After life insurance and/or health benefits actions have been taken, check ap-
	PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RE-	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE
R	SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted <u>after</u> separation for retirement.	SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.
	LIFE INSURANCE DOCUMENTATION	LIFE INSURANCE DOCUMENTATION
t I	Applicant eligible for continued life insurance cocerage.  Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)  NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.	Applicant eligible for continued life insurance coverage.  Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Stotus) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.
. I	HEALTH BENEFITS DOCUMENTATION	HEALTH BENEFITS DOCUMENTATION
	Applicant eligible for continued health benefits enrollment.  Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	Applicant eligible for continued health benefits enrollment.  Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.
F. INSTRI	UCTIONS TO AGENCY PAYROLL OFFICE	G. AGENCY EMPLOYING OFFICE CERTIFICATION
1. Ve:	rify that life insurance and health benefits status as	I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.
2. Be	own on this form are consistent with payroll records.  • sure to post unused sick leave and confirmed pay status narks on certified SF 2806, Individual Retirement Record.	SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL
3. Sul	bmit SF 2801. Application for Retirement, together with	Personnel Officer 2-12-76
qui Bu Wa	reified SF 2806, Individual Retirement Record, and re- ired attachments, to the U.S. Civil Service Commission, treau of Retirement, Insurance, and Occupational Health, ashing and D. 20415, within time limits prescribed in M Supplement 831-1, Subchapter S22	AGENCY NAME AND ADDRESS. INCLUDING ZIP CODE, AND TELE- PHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & Pa Ave. N. W.

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February 1966 2806-104

(CIVIL SERVICE RELIREMENT SYSTEM)

F.P.M. SUPPLEMENT 831-1

124-11:-1799 - LAST NAME FIRST NAME MIDDLE NAME SEX DATE OF BIRTH LOCATION AGENCY PAY ROLL OFFICE MF HOWTH DAY YEAR WAShington 10 28 21 Justice FBI BURNEY THREADGILL X (RECORD EACH NAME CHANGE-STRIKE OUT PREVIOUSLY RECORDED NAME) SERVICE HISTORY FISCAL RECORD CALENDAR YEAR SALARY DEDUCTIONS ACCUMULATIVE TOTAL SALARY DEDUCTIONS DO NOT USE EFFECTIVE REMARKS BASE PAY REMARKS ACTION YEAR DATE (1) (2) (3) (4) (5) (8) (6) 7028.12 (TL Sister) approved 10/11/62 \$12.610 GS 13 SA 37 BSI (PL 87-798) approved 19 /11/62820.56 609 \$13,265 Effective 1707 11 13,650 9: 105/66 WGT ำวก์ 197.9 1/3/66 Enective 1/3/66 agaroyett. II. 1:170 1,436.57 15,561 1911 GS 13 BSI(PL 90-205 approved 12/1 10/ Lifective 10/8/67) 16207 ASI (Executive Order 11413 approved \$17,289 111/68 effective /14/68) Mdor 11474 bevouec 19,501 3 : [feetive 7/13/69] PSI (PL 91-231 approv d 4,15/70 effective 20,673 BSI (Executive Order 11576) 1/8/71 effective 7/10/71 21,705 BSI (Executive Order 4103 approved 12/22/71 effective 1/9/72

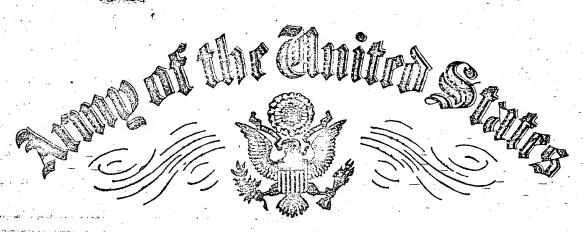
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	12-31-47	91.46	5.00	86.46		, .	.	86.46	Tontine	Added 12-31-47	
ř	1 to 71 - 7 - 1	1		<u> </u>			-	5 44	Gross De	eductions 12-31-47	
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· <del>-</del> ;		SERVICE	n1210K1								
			1	ľ		CALENDAR YE	CAR	ACCUMULATIVE	DO		
	nnepastue.	ACTION	BASE PAY	- DWIADYO	YEAR	SALARY		TOTAL SALARY		REMARKS	
	EFFECTIVE DATE	YOUTON	INI JONG	REMARKS	7 11111	DEDUCTIONS	3	DEDUCTIONS	USE		
					1948	256.86		348.32		I	
1	2-20-49	Prom	5232.00 Sp Classification	Agt CAF 11	1949	3/2.3.	2	660.64			·
					1950	3276	4	988.28			
	Act of 1949 (	P. L. 425, appr	oved 10-28-49		199	379.1	<u> </u>	1362.21			
· (C)		1	5400.	<u>cs 11</u>	1950	423.42	_ -	1191.63		· · · · · · · · · · · · · · · · · · ·	
٠,	8-20-50	Per Step Inc Promotion	5600 6400	CS 11 CS 12	1953	451.17		2242.80			
	5-13-51				1954	441.82	-	2684.62			
			TET annered Octobe	24, 1951 same grade.	1955	473.72		3/58.34			·
		י ה ט ביז	7040		1956	514.88		368322			<i>-</i>
	*Retroactive			94	1957	58448		4267.70			
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	ng I annroyed	Per Step Inc June 28, 1955	same grade	GS 12	1959	667.29		5589.45	·		
,	Rota Rota	ouctive to 3-12	55 8000	GS 12 ·	1960	696.37	-	6285.82			
		er Step In		GS 12	1961	742.30		7028.12	· · · · · · · · · · · · · · · · · · ·	·	•
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		Promotion	8990 [nc 9205"	GS 13 GS 13							···
		Per Step				'		,			
	BSI approved	6/20/58, effective	1,12/53 Pl 8 10,130:	1-1061	·					, , , , , , , , , , , , , , , , , , ,	
	6/14/59	Per Step I								•	
• 9. 9.	,	RSI		10 42			- -				
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-0			nc. 11.41	GS 13				5			<del></del>
1	6/10/62	SSI	11,675	GS 13 SA		-	_				
•				<u> </u>							

LEGAL VOTING RESIDENCE DATE OF BIRTH MONTH DAY YEAR STATE AND CONG. DISTRICT COUNTY CITY OR TOWN ... ( Leflore Greenwood 28 21 Miss. 10 THREADGILL Jr. Burney YES X NO. MILITARY SERVICE\_ SEX M RACE W (SURNAME) (FIRST NAME) (SECOND NAME) MILITARY PENSION OR WAR RISK COMPENSATION RETIREMENT AGE TOTAL SERVICE EFFECTIVE DATE DEPARTMENT OR ESTABLISHMENT REFERENCE NATURE OF ACTION POSITION AND GRADE OFFICIAL STATION PAY LESS BASIC MOS. DAYS YRS. **ALLOWANCES** Enlisted U.S. Army 5-5-43 Verified) Discharged Appt. State Dept. Sep. Verified) 4525.80 7-21-47 JUSTICE, Fed.Bur.Inv. Fld. Exc.Appt. Sp.Empl-Agt CAF 10 Reassign. | Special Agent 7-27-47 485.80 7-11-48 4951.20 7-25-48 Salary Fixed by Act Approved 7/3/48 Same Grade Per Inc EDUCATION: COMMON SCHOOL HIGH SCHOOL COLLEGE DEGREES, IF ANY\_ 1 213 4 5 6 7 8 1 2 3 4 1 2 3 4 (INDICATE NUMBER OF YEARS) SPECIAL QUALIFICATIONS\_ 16-183

## ENLISTED RECORD AND REPORT OF SEPARATION

Н	ONORABLE D	ISCHARGE	E		
1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY DE	RIAL NO.	S. GRADE	. ARM OR SERVICE	B. COMPONENT
THREADGILL BURNEY JR	34 630		ST SGT	INF	AUS
CO C 326TH GLIDER INF	31 JAN			CP SHELBY	MISS
9. PERMANENT ADDRESS FOR MAILING PURPOSES RT		10. DATE OF BIR		II. PLACE OF BIRTH	171 99
GREENWOOD LEFLORE MISS		28 OCT 2			ISS
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	<b></b> .	IS. COLOR EYES 14	·		EIGHT 17, NO.DEPEND.
SEE 9 18. RACE 10. MARITAL STATUS	20. U.S. CITIZEN	BROWN	BLACK		5L89. L Q
WHITE   MEGNO OTHER (SPOCIFY) SINGLE MARRIED OTHER (SPOCI		STUDENT			· · · · · · · · · · · · · · · · · · ·
	MIL'ITARY, H		A VE	<del></del>	
22. DATE OF INDUCTION 23. DATE OF ENLISTMENT 24	. BATE OF ENTRY 18TO ACTIVE		CE OF ENTRY IN	TO SERVICE	<del></del>
	MAY 43	CP S	SHELBY	MISS	
SELECTIVE AG TISITISES AT. LOCAL E.S. BOARD NO. 26, COUN-		l		INE OF ENTRY INTO S	ERVICE.
PAIR IN 1 E ILLI LU		SEE			
1ST SGT 502	NONE	GOALIFICATION ASS M	MTE (I.S., IINGINI	y, aviation and mark	smanship badges, etc.)
92. BATTLES AND CAMPAIGNS CENTRAL EURO				<u>-</u>	
OLIVINAL LUNC					
	•	-		· · · · ·	
33. DECORATIONS AND CITATIONS ATO MED;	AMETO MED;	WORLD WA	AR II VI	CTORY MED	
			•	•	
			·		
24. WOUNDS RECEIVED IN ACTION			•	•	
SB. LATEST IMMUNIZATION DATES	- v	CERUIS	CE-OUTSIDE CO	TIMENTAL U.S. AND	gryups
	(specify) DA	TE OF DEPARTURE			DATE OF ARRIVAL
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37. TOTAL LENGTH OF SERVICE . 38. HI		9 AUG45	US		27 AUG 45
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	T SGT	· · · · · · · · · · · · · · · · · · ·		1	
se. PRIOR SERVICE					
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40. REASON AND AUTHORITY FOR SEPARATION	<del></del>	<del></del>	·····	<del></del>	<del></del>
AR 615 365 CONVN OF GOVT R	R1-1 (DEMO	BILIZATI	(NO	. :-	
41. SERVICE SCHOOLS ATTENDED	· ·		-		DUCATION (Years)
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E 7 17 18 300 18 100	I NONE INSURANCE	NOTICE		ROGERS JR	LAPI FU
IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR Y	VITHIN THIRTY-ONE DAY	THEREAFTER, IN	SURANCE WILL	LAPSE. MAKE CHECK	B OR MONEY ORDERS
48. KIND OF INSURANCE 49. HOW PAID SO. Effec	tive Date et Allet-   51. Date	el Next Premiem Des month offer 50)		DUE 83. INTENT	ON OF VETERAN TO
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NO TIME LOST			other items spe	cified in W. D. Direct	ives)
LAPEL BUTTON	I ISSUED	-1			• •
E ASR (2 SEP 4	5) 37				
SEPARATED FR	OM THE SERV	ICE. ON A	PARTIA	L SERVICE	RECORD
AND AFFIDAVI	T FROM THE	SOLDIER.	,		
4					•
ST. BIGHATURE OF PERSON BEING SEPARATED	B7. PERSONNEL OFFICE		rade and croat	ization · signature)	<del> </del>
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1 somme for hill	ST LT WAC			0 40	
D AGO FORM 83 - 88 This form supersedes all proposed by the State of t	evious editions of				

This form supersedes all previous editions of WD AGO, Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.



## Honorable Discharge

This is to certify that

BURNEY THREADGILL JR 34 630 481 FIRST SERGEANT
COMPANY "C" 326TH GLIDER INFANTRY

## Army of the United States

is hereby Konorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at

SEPARATION CENTER
CAMP SHELBY MISSISSIPPI

Date

31 JANUARY 1946

ARCHIE SORENSON MAJOR AUS

March 19, 1976

### TO WHOM IT MAY CONCERN:

This is to certify that Burney Threadgill, Jr. was appointed Special Agent of this Bureau on July 21, 1947. He served in that capacity through July 8, 1972. On July 9, 1972, he was appointed Supervisory Special Agent and served continuously in that capacity through February 27, 1976. During his service with this Bureau, Mr. Threadgill participated in and supervised the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336(c) of Title 5, United States Code, and Public Law 93-350.

Very truly yours.

**Authorized Certifying Officer** 

#### AGENT CREDENTIALS DESTROYED 3/29/76

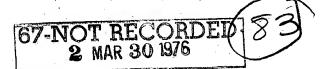
William A. Morrison #4132
John F. Ganley #7288
Vernon E. Daniels #6196
-
Robert E. Sheehan #6798 Del D. Drake, Jr. #7283
Del D. Drake, Jr. #7283
August J. Baumgartner #2433
Charles E. Brunner, #7318
Burney Threadaill Ir #4303
Marvin C. Evans #6009
Cliffe B. Harriman #6664
John A. Yatteau #453
Richard W. Armstrong #2027
Richard W. Armstrong #2027
Thomas J. Stickney #7101
Donald L. Allen #6191
Anthony J. Maloney, Jr. #4631
George D. O'Clock #8931
Robert E. Shortelle #352
Karl L. Stefansson #138
Solomon F. Quinn #5510
Philip T. Basher #62
THITTP 1. DASHEL WOZ
•

Charles A. Harvey #6666 Paul J. Mohr #66 W. V. Cleveland #33 Vincent L. Inserra #3069 Edward P. Gazur #6476 George F. Zografos. Richard F. Schaller #421 Armand A. Cammarota #3810 Charles R. Wood, Jr. #2293 Richard T. Rabideau #3628 John Navarrete #8287 David W. Bowers #203 W. Raymond Wannall #12 Ernest L. Landreville #6725

Orvis J. Auerswald #5648

W. A. Branigan #2355

I certufy that the above 88 credentials have been destroyed by me on 3/29/76



THREADGILL,	BURNEY	JR.
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			•			· · · · · ·				,			
Office	Date Month - Day - Year	Indoor	DA	PPC SA	PPC DA	8G #1	SG #2	5G #3	SG #4	TRC	ccc	Rifle	Misc.
SF	3/1/73	240											Lina
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"	5/16/73									80			mas
11	16 A						13			WARMY 215	1P92		maj
# R	7/26/13		90	81		80						80	make
ĮŁ ,	9/21/73									88	92		SKEET)
[ ]	11/2/73	0 <u>0</u> 0											cust.
1	1/2/73.	368											CUB
11	2/8/44	250											lifes
11	3 15 740	240											Tyle "
. (1	7/2/74					90				88		87	Tydtipl The Oil
11	1/2/74						14			88	94		Les .
(1	10/30/74		96	916				80					Light
\1	10/30/74	,								90		90	LION USE
. \(	11/22/74	240											830
u	12/21/74	260						•					83
11	117/75	280											R3
10	2 28 75	260			,			·					R3
(1	7/3/75 7/3/75 10/7/75					<u>005.6,</u> 80			 	25 yds 88		90	7 yd hap 9 8pg BA
//	7/3/75						16			90	9.6		<i>B</i> 4
17	10/7/75		96		92			100				94	BA
//	10/7/75						1,6			91.6			BA 74. nop- 96 BA
				63									
-	NOT B	ECC		D									
1	a lill	50	1976	·									7

Special Agent THREADGILL, BURNEY JR.

			pre	ade	üll		Sur	nes	Dr.	,		- ;	
	Date		:	РРС	PPC DA	SG #1	SG #2	S. # 3	In Se				
Office	Month - Day - Year	Indoor	DA	SA	DA	#1	# 2	#3	Rifle	MG	DT		<del></del>
5/	3/23/70		82		92.6	80						dese	pll
11	5/25/70			I	88		17					combat combat	Sl
11	7/20/20		8	90.0				80	74	92	,		ab
_ /1	9/28/20		89	9/			15						ab
h	10/9/70	210	· <u>·</u> ·			*							ab
11	11/16/70	237											ab
(t	1/15/71	239								•			at
	2/11/71	242				. 						Class	al
	4/21/21			92		90		ì	86		,	College	Ken
11	5/19/71	-	92	90			16			•			ab-
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	9-29-71		96	86			12						nlm
, <u>, , , , , , , , , , , , , , , , , , </u>	10/21/11	231			,	-							maj
,,	11/27/71	233			ļ								maj
11	1/24/12	240				<u> </u>							maj
//	2/1/12	240											LAG
	3/29/72			86		100			87			Close combat	88() BB
<i>I</i> <sub>1</sub>	5/17/72								. ,			of 88	BB
<i>,</i>	5/17/72						12					TRC 89	BB
-11	7/11/12		88	796			-	100	85				may
11	9/13/12											TRC 83	may
11	9/13/72						12					90	maj
_/_	11/27/12	220		-									250
h	12/7/72	330									<u></u>	1	USE
	2/1/73	232							. <u></u>		$\perp$	Jan	may

Special Agent I breadgill Burney Ir.

	The	ad	97/	01	200	neu	. a						
	Date	J		/	3000		1	-	In Se	rvice			
Office	Month - Day - Year	Indoor	DA	PPC . SA	PPC DA	\$ C	<b>√</b> SG #2	SG ∦3	Rifle	MG	DT		· · · · · · · · · · · · · · · · · · ·
SF	2-3-61	220	<i>-</i>										
11	3-22-67		92	91			18						
11	5-17-67	-	96		86	90							caj
//	7-27-67		100	94		:	11						coj .
″	9-20-67		92	86						92		56#4 80	ah
11	11-17-67	222											cal
e.	11-17-67	228							-		<del></del>		cak
	1-12-68	250											cal
	2-7-68	2.70			,								cah
67	3-27-68		92	90			19						cah
IJ	5/27 - 6/7/68						16/25		82	98			cal
SF	7-24-68		90	94.4						96		80	IR <sub>K</sub>
, ,	10-2-68	-	94		88		12						Days.
• 1	10-11-68	242											lye
9.1	11-8-48	243											lan
t i	2/25/69	235										-	Offic
<i>h</i>	1/13/09	240					- 1						040
1/1	5/7/69		100		87	90							Lel
10	5/7/69		100		92	*	16					c esti i	lel
11	9/11/69		100		92					98		700 26#4	Iel
1(	9/11/69		98		92		16						lel
1(	10/21/69	231											DEl
1(	11/17/69	238										1	<u> (28</u> )
11	1/13/70	240											ds
!/ -:	3/23/70	237	- E-			,					9	2/01/	cs

Special Agent Threadgell, Burney fr.

MEDICAL REPORTS

Personnel File of THREAD GILL BURN

Personnel File Me.

Return 70

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94

The states Standard Form 520
Rev. August 1954
Bureau of the Budget
Circular A-32

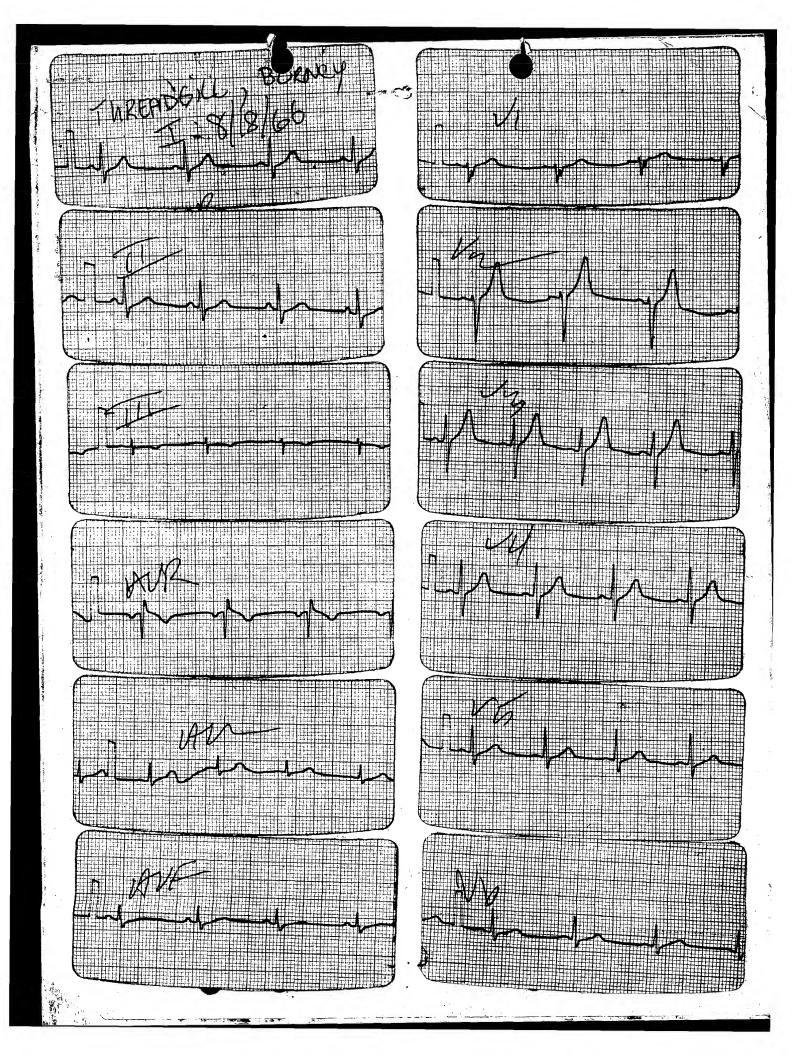




CLINICAL RECORD	ELECTRO	APRIAC	DADHIC	#FCADA	PREVIOUS E	
	EFECINO	NULLE	<del></del>		YES	□ NO
CLINICAL IMPRESSION			MEDICATIO	ON.	EMERGENO	Y BEDSIDE
ANNUAL PHYSICAL DESK 6	67B		010	ne	ROUTINE	ROMBULANT
AGE SEX RACE HEIGHT	WEIGHT B. P. SIE	gnature of PHYSIC				18 AUG 6
RHYTHM	1/8	2	AXIS DEVI	ATION (QRS)	AURIC.	VENT.
NTERVALS ZAMM	<u></u>	•	PWAVES	2.0	AORIC.	VENT. (C)
PR 13 QRS 0	8 or 136	₹				
ORS COMPLEXES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<b>₹</b> 25.4
RS-T SEGMENT			T WAVES			
					* #	
UNIPOLAR EXTREMITY LEADS (Spec	ify)					^
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					,	
PRECORDIAL LEADS (Specify)						
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SUMMARY, SERIAL CHANGES, AND I	IMPLICATIONS:		_			
<ul> <li>Witjin normal limit</li> </ul>	S.					
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	•					
*						
	$\circ$					
		ntinue on I				DATE
NO. 5836 G. SH	***	,	TITLE		1	DATE \$/7 \$ /66
PATIENT'S IDENTIFICATION (For ty)	AEFFER/G. WOLF	o: Name-last	, first,	REGISTER NO	).	WARD NO.
middle	; grade; date; hospital or	medical facili	ity)			f
THREADGILL, Burne	ey Jr.				ELECTROCARDIO	
F.B.I.						Standard Form 5 520-104

Initials

(Attach tracings to S. F. 507)



Standard Form 520
Rev. August 1954
Bureau of the Budget of Circular A-32

٠.	CLINICAL RECORD ELECTROCAR					PACABRIACI	DARWIO PECOPO	1	PREVIOUS ECG		
	CLINICA	IL KEG	עאט	ĺ	ELEC I	RUCARDIUGI	RAPHIC RECORD		X YES	□ NO	
CLINIC	AL IMPRE	SSION					MEDICATION		1		
773	D T	A N1NT 1 A	T						EMERGENCY	BEDSIDE	
r.	B. I.	AUMON	()L						<b>□XROUTINE</b>	AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF	WARD PHYSICIAN			DATE	
45	M	C	70"	171				9h/	Desk	R-2416	
RHYT	IM .	- 1					AXIS DEVIATION (QRS)		RATES		
									AURIC.	VENT.	
INTER	VALS						P WAVES				
PR	٠.	QR	5	c	т						
QRS C	OMPLEXE!	S				-					
DC_T	SEGMENT		<del> </del>				T WAVES			<u> </u>	
Næ-1 .	JEGMEN I						1 11/11/24				
UNIPO	LAR EXTR	EMITY L	EADS (Spe	cif <b>v</b> )		<del></del>	<u>!</u>				

RETURN TO

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

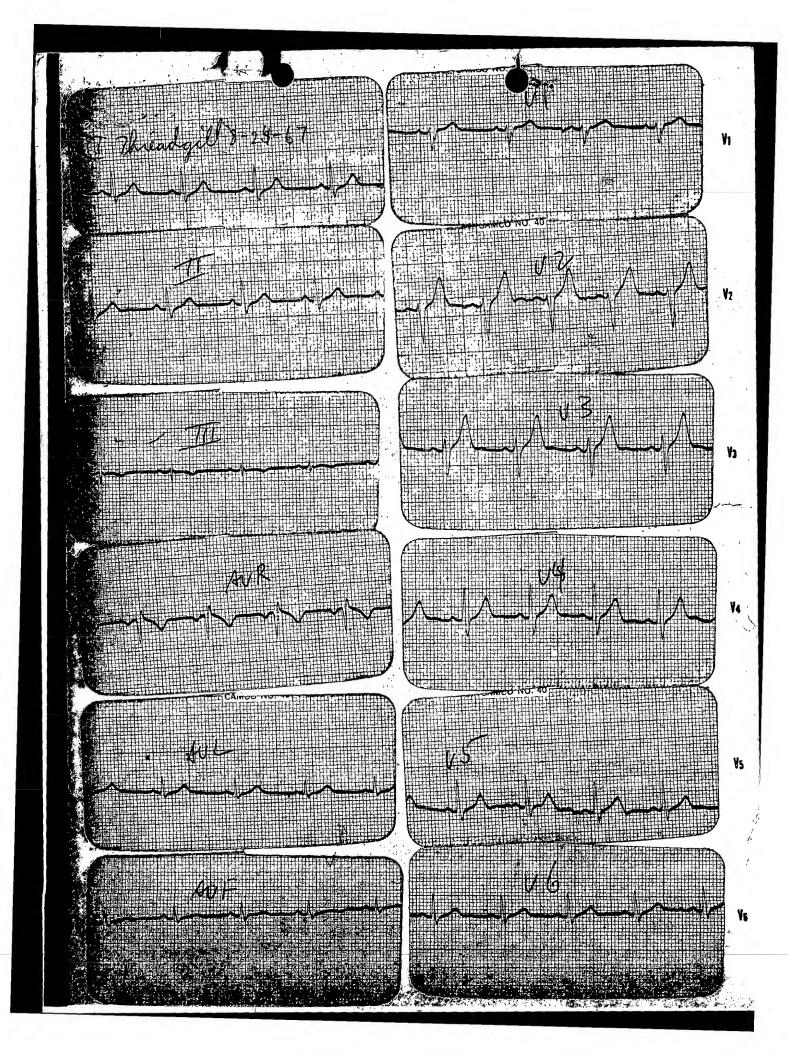
- 8-24-67
  1. Normal tracing.
  2. No significant change since 8-18-66.

		(Continue	on reverse)		
NO. ECG	SIGNATURE	R. RIGGINS	TITLE		PATE -28-67
	TION (For typed or middle; grade	written entries give: Name; date; hospital or medical	last, firet. facility)	REGISTER NO.	WARD NO.
THREADGILL, Bu	rney Jr.	OCT 11 196	7	ELECTR	OCARDIOGRAPHIC RECORT

F.B.I. ANNUAL

520-104

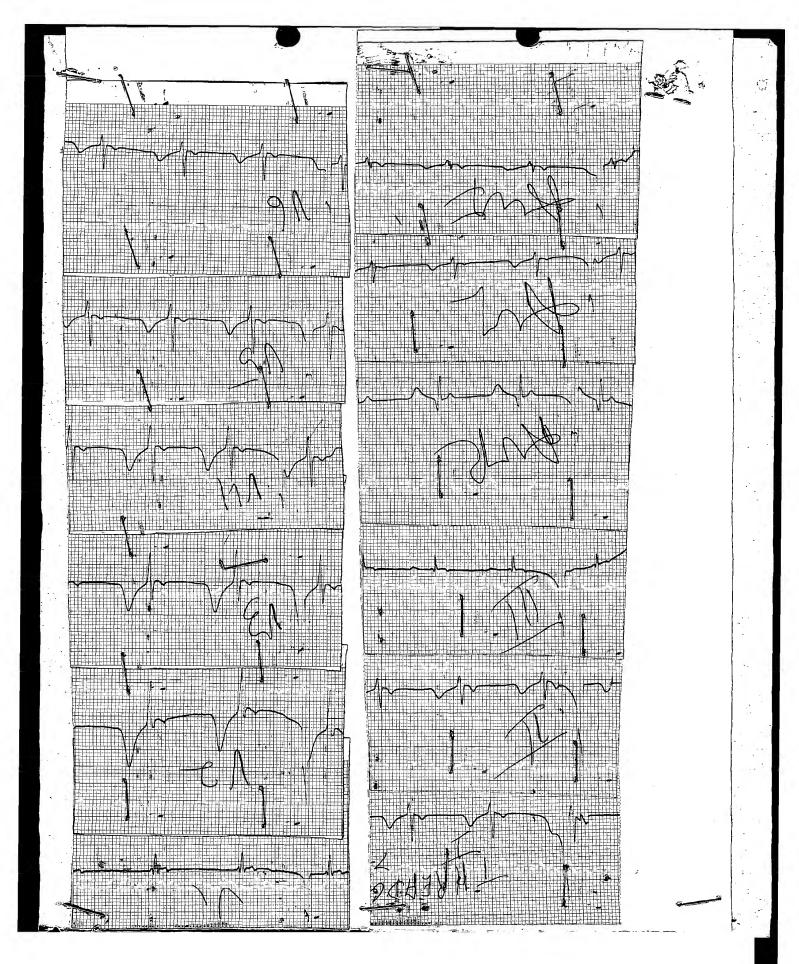
(Attach tracings to S. F. 507)



Standard Form \$20 Rev. August 954 Bureau of the Except Circular A-32 PREVIOUS ECG ELECTROCARDIOGRAPHIC RECORD CLINICAL RECORD VES □ NO MEDICATION CLINICAL IMPRESSION ☐ EMERGENCY BEDSIDE ROUTINE MBULANT SIGNATURE OF WARD PHYSICIAN DATE AXIS DÉVIATION (QRS) RATES AURIC. VENT. INTERVALS P WAVES QRS QT QRS COMPLEXES RS-T SEGMENT T WAVES UNIPOLAR EXTREMITY LEADS (Specify) PRECORDIAL LEADS (Specify) SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: 1.Within Normal Limits.

1. Within Normal Limits. dated 7/22/65.
2. No significant change since 23xjalyxxiik 23 July 64.

	1/1/ack	(Continue on	reverse)		
NO. ECG 662/5	SIGNATUSE H. Harkins		LCDR	MC USIN	7/23/65
PATIENT'S IDENTIFICATI	ON (For typed or written middle; grade; date;	entries give: Name—la hospital or medical fac	it, first, ility)	REGISTER	WARD NO.
Thready	ll Bun	AUG :	2 4 <b>1</b> 965	ELECTRO	CARDIOGRAPHIC RECORD Stundard Form 520 520-104
+131 a	mul	HEAL!	H SERVICE	med 6	(Attach tracings to S. F. 507)



Standard Form 520 Rev. August 1954 Bureau of the Budget Circular A-32

CLINICAL IMPRESSION MEDICATION	BEDSIDE AMBULANT
☐ EMERGENCY [	AMBULANT
· · · · · · · · · · · · · · · · · · ·	AMBULANT
RPE	DATE
192   924   11192   112011   12111   12	
42 M 70½ 171 Dr. Eav	
RHYTHM AXIS DEVIATION (QRS) RATES	
. AURIC. V	ENT.
INTERVALS P WAVES	
PR QRS QT	
QRS COMPLEXES	
	-
RS-T SEGMENT T WAVES	
·	
UNIPOLAR EXTREMITY LEADS (Specify)	
and the second s	
	.,
	• • •
•	
PRECORDIAL LEADS (Specify)	1

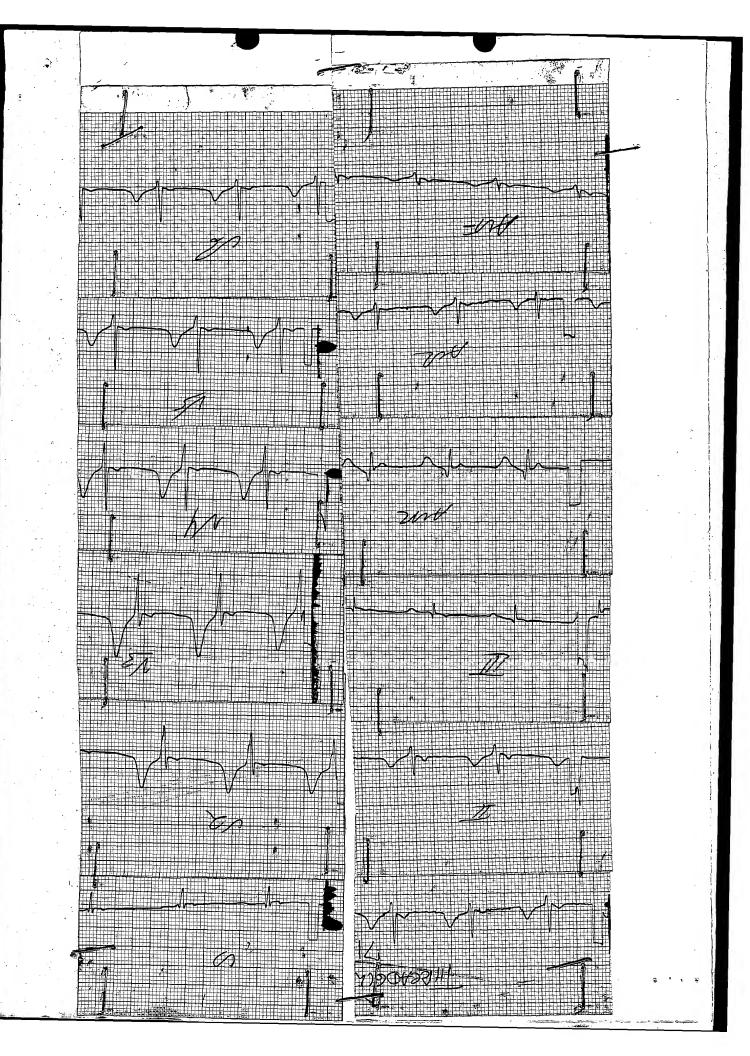
## SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

- 1. Since 7-18-63 there is the appearance of a non-diagnostic T wave in L3.
- 2. The tracing is probably within normal limits.

59 <b>-17</b> 02	(	(Continue on reverse)						
NO.	SIGNATURE	I.J. O. TITLE	DATE					
ECG	J. E. MC CREED	DY ME USNR	7-23-64					
PATIENT'S IDENTIF	ICATION (For typed or written entries middle; grade; date; hospita	give: Name-last, first, REGISTER NO.	WARD NO. 67=B					
Threadaill	Ruman	<del></del>						

FBI

**ELECTROCARDIOGRAPHIC RECORD** 



Scandard Form 520
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

	CLINICAL RECORD					2001 PDIO	PREVIOUS ECG		
	CLINICA	L KEU	UKD		ELECT	RUCARDIU	GRAPHIC RECORD	YES	□ NO
CLINI	CAL IMPRES	SSION		,			MEDICATION		
								☐ EMERGENCY	BEDSIDE
								ROUTINE	AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE C	F WARD PHYSICIAN		DATE
RHYT	нм	l.	<u></u>	J	;5	<del></del>	AXIS DEVIATION (QRS)	RATES	· i.
							9	AURIC.	VENT.
INTE	RVALS				.5		P WAVES		
PR		QR	5		)T		<u> </u>		_
QRS (	COMPLEXES	3							
RS-T	SEGMENT	<del></del>					T WAVES		D
UNIP	DLAR EXTR	EMITY, LI	EADS (Spec	ify)		· ·	1		

PRECORDIAL LEADS (Specify)

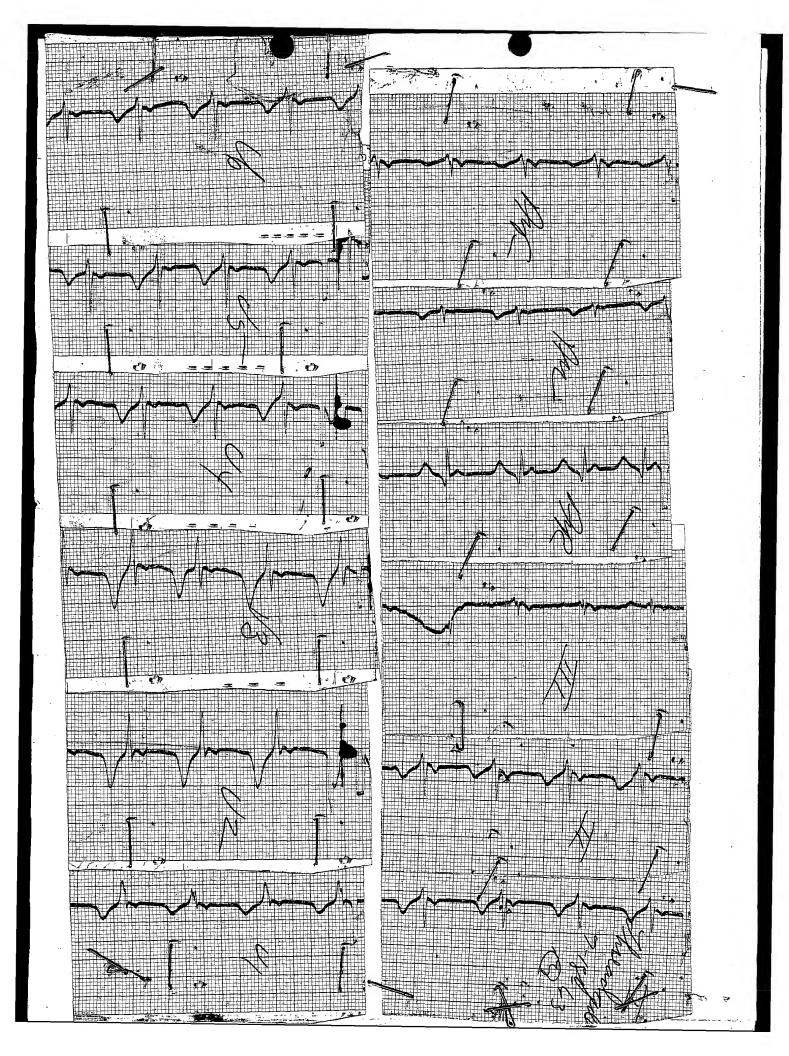
### SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

- 1. Within normal limits.
- 2. Although demonstrating slight right ventricular conduction delay.
- 3. No significant change sin e the last tracing of 7-26-62.

	1		Onti	rue on reverse)		·
NO. ECG	59-1102	SIGNATURE	D.A. LIM	LCDR MC	USN	PATF-18-63
PATIENT	WARD NO.7-B					

THREADGILL, BURNEY FBI

ELECTROCARDIOGRAPHIC RECORD Standard Srm 520 (Attach tracings to S. F. 507)



Standard Form 520 Rev. August 1954 Promulgated By Bureau of the Budget

						ROCARDIC	GRAPHIC RECORD	PREVIOUS EC	PREVIOUS ECG		
CLINICAL IMPRESSION							MEDICATION	☐ EMERGENCY	BEDSIDE		
GE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE	OF WARD PHYSICIAN		DATE		
нүті	HM.	,	1	<u>.                                    </u>		·¥	AXIS DEVIATION (QRS)	RATES AURIC	VENT.		
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2	. No ch	ange :	since	7-12-6	1.						

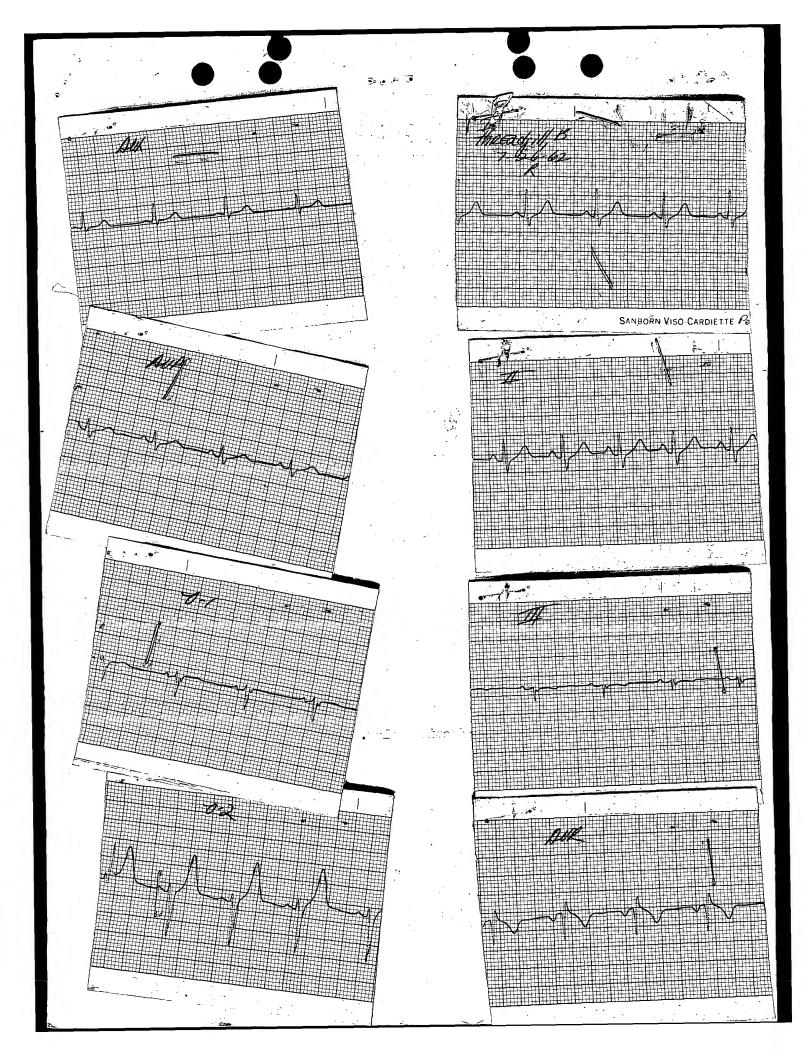
Continue on reverse)

No. 59-1702 SIGNATURE B. HILL TITLE LT. MC USN 7-26-62

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

THREADGILL, BURNEY F B I

ELECTROCARDIOGRAPHIC RECORD Standard Form 520 (Attach tracings to S. F. 507)





Standard Form 520 Rev. August 1954 Bureau of the Budget Circular A-32



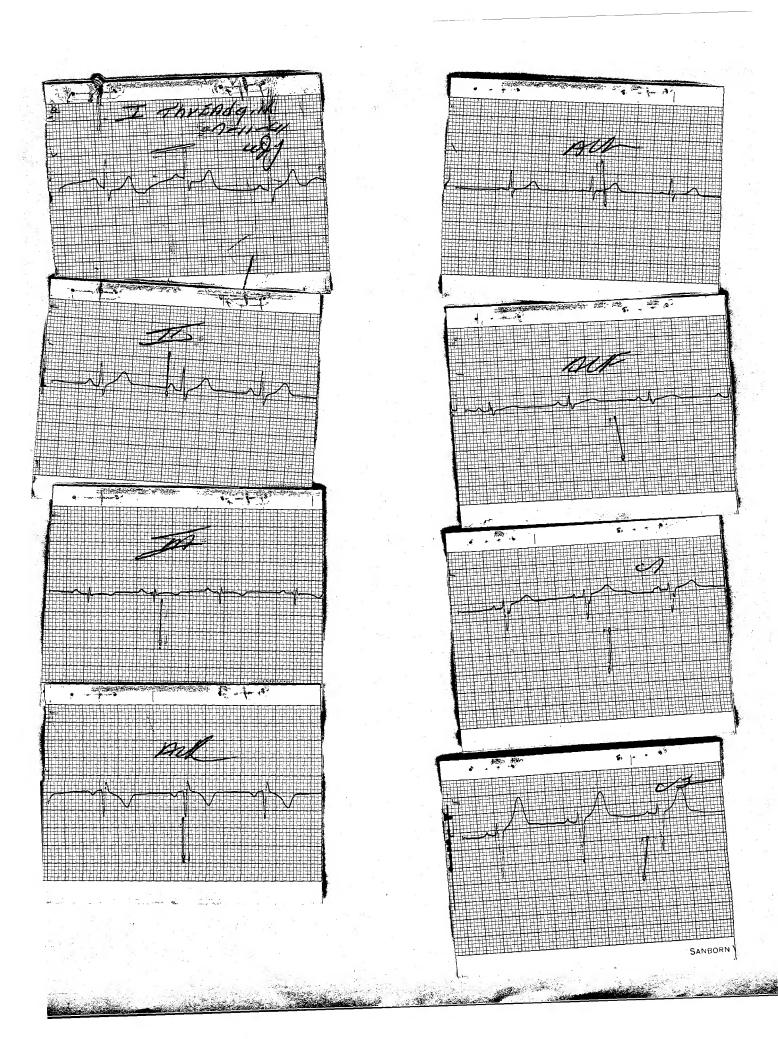


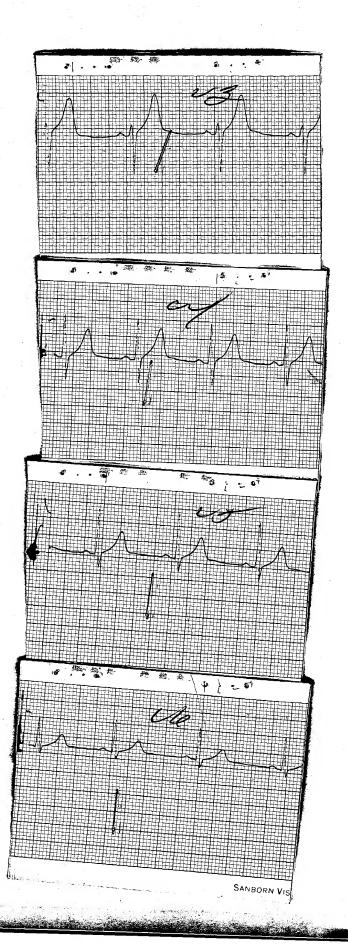
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		mi	iddle; grade; da	te; hospita.	or medical fac	ility)			

RETURN TO ELECTROCARDIOGRAM REQUEST 12ND NH 6300/2 (3-61) ·林·河南· TO: The Electrocardiograph Department JUL 11 1961 DATE NAME (Last) (Pirst) (Niddle) RATE AGE PREVIOUS ECG. THIS HOSPITAL IN CLINIC ON WARD ETIOLOGY? CARDIAC ENLARGEMENT F.B.L VALVE LESION BLOOD PRESSURE CONGESTIVE FAILURE (Edema, ascites, etc.) OTHER FEATURES SPECIAL LEADS DESIRED DIGITALIS (If any has been taken within the past three weeks, state amount or daily dose) HISTORY OF ANGINA PECTORIS (1) CORONARY OCCLUSION (Old or recent) (?) CARDIAC RATE

SIGNATURE .

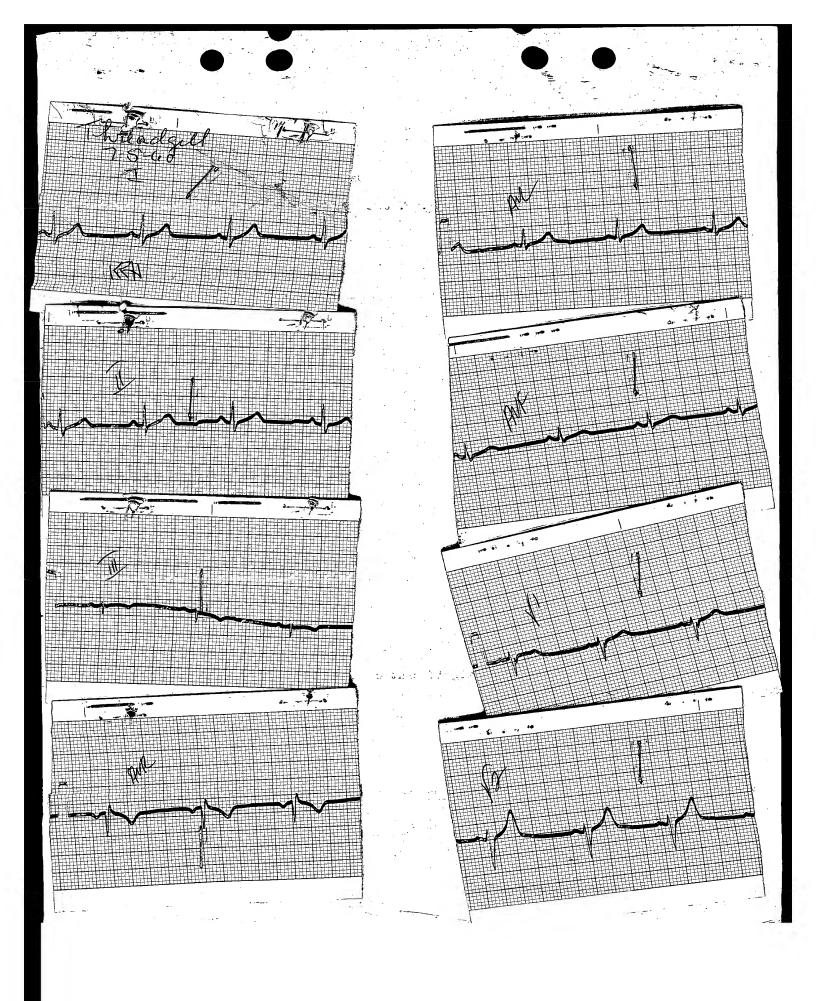
MC USN

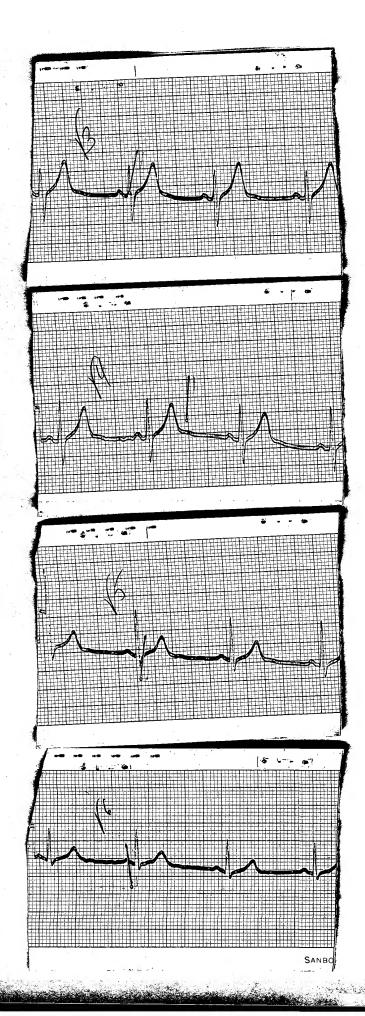




Standard Form 520 Rev. August 1954 Promulgated By Bureau of the Budget Circular A—32

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middle; grade;	date; hospit	al or medical fac	cility)	nagis ian no.	41 100	67⊕B
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ry Jr. fbi			•		ELECTROCARDIOG	RAPHIC RECO
	HEIGHT WEIGHT  5°10" 15  ADS (Specify)  SIGNATURE  J. J. ST	ADS (Specify)  SIGNATURE  J. J. STEVENS	HEIGHT WEIGHT B.P. SIGNATURE 5'10" 159 118/80 M. E.  ADS (Specify)  ADS (Specify)  (Continue of SIGNATURE J. J. STEVENS	MEDICATION  Deni es  HEIGHT WEIGHT 159 118/80 M. E. JACOBSON  AXIS DEVIA  P WAVES  ADS (Specify)  T WAVES  ADS (In the second of	MEDICATION  Denies  HEIGHT   WEIGHT   B. P.   SIGNATURE OF WARD PHYSICIAN   5'10"   159   118/SC   M. E. JACOBSON    AXIS DEVIATION (QRS)  P WAVES  OT  T WAVES  ADS (Specify)  (Continue on reverse)  SIGNATURE   J. J. STEVENS   Title    LIT MC USN	MEDICATION  Denies  De





Standard Form 520 Bureau of the Budget ? Cisculas A-32 PREVIOUS ECG CLINICAL RECORD **ELECTROCARDIOGRAPHIC RECORD** YES CLINICAL IMPRESSION MEDICATION ■ EMERGENCY BEDSIDE MAMBULANT ROUTINE SIGNATURE OF WARD PHYSICIA B. P. AURIC. VENT. INTERVALS P WAVES QRS QRS COMPLEXES RS-T SEGMENT T WAVES UNIPOLAR EXTREMITY LEADS (Specify) PRECORDIAL LEADS (Specify) SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: TRACING WITHIN NORMAL LIMITS ontinue on reverse) DATE THEODORE BORDIAN MAJ, MC REGISTER NO. ELECTROCARDIOGRAPHIC RECORD Standard Form 520 520-104-02 HEALTH SERVICE (Attach tracings to S. F. 507)



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REMARKS:

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3. SOCIAL SECURITY NUMBER 426 14 1799

#### REPORT OF MEDICAL HISTORY **U.S. Civil Service Employees and Applicants**

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

2. TITLE OF POSITION

SA-FBI

	RESS (N	umber, st	reet or RFD, city or	town, Sta	te, and ZI	P Code)	-4.	5. P	URPOSE OF EXAM	INATION '			6. DATE OF EXAMINATION
TH	ERT	ON,	PLACE,	CAR	MEL	-839	2)		ANN	UAL			8/21/69
EX		8. TOTAL	YEARS GOVERNMENT SERVICE			9. AGENCY	n.			10	. ORGANI	ZATION UNIT	* .
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DATE OF	BIRTH		12. PLACE OF BIRTH	•				13. 1	EXAMINING FACIL	ITY OR EXAM	LINER, AN	D ADDRESS (In	cluding ZIP Code)
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AVE YO	U EVER HA	D OR HAVE Y	OU NOW (Please check	at left of	each item	):							
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	/ / / / /		SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADACO DIZZINESS OR FAINTING SPELL EYE TROUBLE EAR, NOSE, OR THROAT TROU RUNNING EARS HEARING LOSS	UBLE A	* ·		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN ' FREQUENT II STOMACH, OR 'INTEST! GALL BLADDI JAUNDICE ANY ADVERS DRUG, OR	ESSURE IN O UGH OR POUND W BLOOD P YOUR LEGS ADIGESTION LIVER, MAL TROUBLE E REACTION MEDICINE	ING HEART PRESSURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BONE, JOINT, OR OTHER DEFORMITY LAMENESS LOSS OF ARM, LEG, FINGER, OR TOE PAINFUL OR "TRICK" SHOULDER OR ELB RECURRENT BACK PAIN "TRICK" OR LOCKED KNEE FOOT TROUBLE NEURITIS
	/ / / /	2	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADAC DIZZIMESS OR FAINTING SPEL EYE TROUBLE EAR, NOSE, OR THROAT TROU RUNNING EARS	UBLE A	X		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN " FREQUENT IN STOMACH, OR INTESTI GALL BLADDI	ESSURE IN O UGH OR POUND W BLOOD P YOUR LEGS ADIGESTION LIVER, MAL TROUBLE E REACTION MEDICINE	PRESSURE  LE  OR GALLSTONES		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BOHE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KMEE  FOOT TROUBLE  MEURITIS  PARALYSIS (Inc. infantile)
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	/ / / · · · · · · · · · · · · · · · · ·	×	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADACT DIZZINESS OR FAINTING SPELI EYE TROUBLE EAR, NOSE, OR THROAT TROU RUNNING EARS HEARING LOSS CHRONIC OR FREQUENT COLDS	UBLE A	* '		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN ' FREQUENT II STOMACH, OR INTESTI GALL BLADDI JAUNDICE ANY ADVERS DRUG, OR I BROKEN BON	ESSURE IN I UGH I OR POUND W BLOOD P YOUR LEGS IDIGESTION LLIVER, MAL TROUBLE ER TROUBLE ER TROUBLE ER ERACTION MEDICINE LESS DWITH, CYST	PRESSURE  LE  OR GALLSTONES		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BONE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KNEE  FOOT TROUBLE  MEURITIS  PARALYSIS (Inc. infantile)  EPILEPSY OR FITS  CAR, TRAIN, SEA, OR AIR SICKNESS
	1	2	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADAC DIZZINESS OR FAINTING SPELL EYE TROUBLE EAR, NOSE, OR THROAT TROU RUNNING EARS HEARING LOSS CHRONIC OR FREQUENT COLDS SEVERE TOOTH OR GUM TROU	UBLE A	* '		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN FREQUENT II STOMACH, OR INTESTI GALL BLADDI JAUNDICE ANY ADVERS BROKEN BOA TUMOR, GRO RUPTURE / H APPENDICITI	ESSURE IN O UGH  OR POUND W BLOOD P YOUR LEGS NDIGESTION LLVER, NAL TROUBLE E REACTION MEDICINE IES DWTH, CYST ERMIA S	THE OR GALLSTONES  TO SERUM,		· · · · · · · · · · · · · · · · · · ·		BONE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KNEE  FOOT TROUBLE  NEURITIS  PARALYSIS (Inc. infantile)  EPILEPSY OR FITS  CAR, TRAIN, SEA, OR AIR SICKNESS  FREQUENT TROUBLE SLEEPING
	/ / / / / / / / / / / / / / / / / / /	*	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADAC DIZZIMESS OR FAINTING SPEL EYE TROUBLE EAR, MOSE, OR THROAT TROU RUNNING EARS HEARING LOSS CHRONIC OR FREQUENT COLDS SEVERE TOOTH OR GUM TROU SINUSITIS HAY FEVER HEAD INJURY	HE LS UBLE	* '		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN ' FREQUENT II STOMACH, OR INTEST! SALL BLADDI JAUNDICE ANY ADVERS DRUG, OR I BROKEN BOA TUMOR, GRO RUPTURE/H	ESSURE IN O UGH  OR POUND W BLOOD P YOUR LEGS NDIGESTION LLVER, NAL TROUBLE E REACTION MEDICINE IES DWTH, CYST ERMIA S	THE OR GALLSTONES  TO SERUM,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BONE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KNEE  FOOT TROUBLE  NEURITIS  PARALYSIS (Inc. infantile)  EPILEPSY OR FITS  CAR, TRAIN, SEA, OR AIR SICKNESS  FREQUENT TROUBLE SLEEPING  FREQUENT OR TERRIFYING NIGHTMARES  DEPRESSION OR EXCESSIVE WORRY  LOSS OF MEMORY OR AMMESIA
	/ · · · · · · · · · · · · · · · · · · ·	20	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADACO DIZZINESS OR FAINTING SPEL EYE TROUBLE EAR, NOSE, OR THROAT TROI RUNNING EARS HEARING LOSS CHRONIC OR FREQUENT COLDS SEVERE TOOTH OR GUM TROU SINUSITIS HAY FEVER HEAD INJURY SKIN DISEASES	HE LS UBLE	* ' '		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN FREQUENT II STOMACH OR INTEST GALL BLADDI JAUNDIC BROKEN BON TUMOR, GRO RUPTURE/H APPENDICITI PILES OR RI FREQUENT O	ESSURE IN I UGH OR POUND W BLOOD P YOUR LEGS ADIGESTION LIVER, MAL TROUBLE E REACTION MEDICINE IES DWTH, CYST ERMIA S ECTAL DISEA	TO SERUM.  T, OR CANCER  SE URINATION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BOHE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KMEE  FOOT TROUBLE  MEURITIS  PARALYSIS (Inc. infantile)  EPILEPSY OR FITS  CAR, TRAIN, SEA, OR AIR SICKNESS  FREQUENT TROUBLE SLEEPING  FREQUENT OR TERRIFYING NIGHTMARES  DEPRESSION OR EXCESSIVE WORRY  LOSS OF MEMORY OR AMMESIA  NERVOUS TROUBLE OF ANY SORT
	/	2	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADACO DIZZINESS OR FAINTING SPELI EYE TROUBLE EAR, NOSE, OR THROAT TROI RUNNING EARS HEARING LOSS CHRONIC OR FREQUENT COLDS SEVERE TOOTH OR GUM TROU SIMUSITIS HAY FEVER HEAD INJURY SKIN DISEASES GOITER	HE LS UBLE	* '		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN FREQUENT II STOMACH OR INTEST GALL BLADDI JANY ADVERS DRUG, OR BROKEN BOA TUMOR, GRO RUPTURE/H APPENDICITI PILES OR RI FREQUENT O KIDNEY STO	ESSURE IN I UGH OR POUND OR POUND W BLOOD P YOUR LEGS IDIGESTION LIVER, MAL TROUBLE E REACTION MEDICINE ES DWTH, CYST ERMIA S ECTAL DISEA R PAINFUL ME OR BLOOR	PRESSURE  LE  OR GALLSTONES  I TO SERUM,  I, OR CANCER  SE  URINATION  DD IN URINE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BONE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KIMEE  FOOT TROUBLE  MEURITIS  PARALYSIS (Inc. infantile)  EPILEPSY OR FITS  CAR, TRAIN, SEA, OR AIR SICKNESS  FREQUENT TROUBLE SLEEPING  FREQUENT OR TERRIFYING NIGHTMARES  DEPRESSION OR EXCESSIVE WORRY  LOSS OF MEMORY OR AMMESIA  NERVOUS TROUBLE OF ANY SORT  ANY DRUG OR MARCOTIC HABIT
	/ · · · · · · · · · · · · · · · · · · ·	2	SWOLLEN OR PAINFUL JOINTS MUMPS COLOR BLINDNESS FREQUENT OR SEVERE HEADACO DIZZINESS OR FAINTING SPEL EYE TROUBLE EAR, NOSE, OR THROAT TROI RUNNING EARS HEARING LOSS CHRONIC OR FREQUENT COLDS SEVERE TOOTH OR GUM TROU SINUSITIS HAY FEVER HEAD INJURY SKIN DISEASES	UBLE S	* ' '		PAIN OR PR CHRONIC CO PALPITATION HIGH OR LO CRAMPS IN FREQUENT II STOMACH OR INTEST GALL BLADDI JAUNDIC BROKEN BON TUMOR, GRO RUPTURE/H APPENDICITI PILES OR RI FREQUENT O	ESSURE IN I UGH OR POUND OR POUND W BLOOD P YOUR LEGS IDIGESTION LIVER, MAL TROUBLE E REACTION MEDICINE ES DWTH, CYST ERMIA S ECTAL DISEA R PAINFUL ME OR BLOOR	PRESSURE  LE  OR GALLSTONES  I TO SERUM,  I, OR CANCER  SE  URINATION  DD IN URINE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BOHE, JOINT, OR OTHER DEFORMITY  LAMENESS  LOSS OF ARM, LEG, FINGER, OR TOE  PAINFUL OR "TRICK" SHOULDER OR ELB  RECURRENT BACK PAIN  "TRICK" OR LOCKED KMEE  FOOT TROUBLE  MEURITIS  PARALYSIS (Inc. infantile)  EPILEPSY OR FITS  CAR, TRAIN, SEA, OR AIR SICKNESS  FREQUENT TROUBLE SLEEPING  FREQUENT OR TERRIFYING NIGHTMARES  DEPRESSION OR EXCESSIVE WORRY  LOSS OF MEMORY OR AMMESIA  NERVOUS TROUBLE OF ANY SORT

Initials .

SAME

OF THESE JOBS? 22 YRS FBI AGENT

(\* SEE BALL OF PAGE)

RIGHT HANDED LEFT HANDED

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO S	CHECK EACH ITEM YE	S OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAIMED IN BLANK SPACE ON RIGHT
	*	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS	
-	Sic.	C. INABILITY TO ASSUME CERTAIN POSITIONS	JAWNDICE 1944
300	- X	D. OTHER MEDICAL REASONS (If yes, give reasons)	A second
	X	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	HERNIA CREPAIR RIGHT 1
	χ	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	AND URATHERAC I
X	. ,	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	4/3/69
<b>X</b>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	MINOR PROSTATIC INF
	X	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY HOTED? (If yes, specify when, where, and give details)	CORRECTED 11/68 (NOT
-X		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES?  (If yes, give complete address of doctor, hospital, clinic, and details)	LAST PHYSICAL)
	X	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec- tion)	
	X	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or-unsuitability)	

### JAWN DICE

HERNIA (REPAIR RIGHT INQUINAC) AND URATHERAC DILITUTION 4/3/69

MINOR PROSTATIC INFECTION QUARECTED 11/68 (NOTED ON LAST PHYSICAL)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

# 20 - Jaundice 1944 - No comp or seg Pernis Repaired 4 mos ago - No problem

Last check up one week ago - No prot undogs!

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

THREADGILL, BURNEY JR. 1. Within normal limits. FBI ANNUAL 2. No significant change since previous tracing of 8/28/67.

PE DESK

## REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

rmation is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NA	LAST NAME—FIRST NAME—MIDDLE NAME					2. TITLE OF POSITION		3. SOCIAL SECURITY NUMBER
	Threa	dgil	L, Burney	· (NMI).Jr	Special	426 14 1799		
4. HOME	A. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code)					5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	
Atherton Place, Carmel, California, 9392					fornia, 93921	Annual		8/30/31
7. SEX	10	8. TOTAL YEARS GOVERNMENT S	RVICE	9. AGENCY		10. ORGANIZATION UNIT		
	M	MILITARY	3	CIVILIAN 23	FBI		San Fran	ciso Office
11. DATE	OF BIRTH	-L	12. PLACE OF BIRTH	•			EXAMINER, AND ADDRESS (Incl	
	10/28	3/21	Biloxi,	, Missi <b>s</b> sip	ppi	U.S. Nava	l Hospital,	Oakland, Calif.

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Present health is good, no medications being used.

15. DO YO	. DO YOU (Please check at left of each item):						16. HAV	16. HAYE YOU EVER (Please check at left of each item):						
YES	NO		(Che	eck each	item)			YES	NO				(Check ea	ch item)
		WEAR GLA	ASSES OR CONTACT LENSES	To	REA	9	סשנץ		X	LIVED WITH A	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			
_X_		HAVE VIS	ION IN BOTH EYES						×	COUGHED UP E	LOOD			
	1	WEAR A	HEARING AID						4	BLED EXCESSIV	ELY AFTER II	NJURY OR	TOOTH EXTRAC	TION
	X	STUTTER	OR STAMMER HABITUALLY											
	X	WEAR A	BRACE OR BACK SUPPORT						-			1		
17. HAVE Y	OU EVER	HAD OR HAVE	YOU NOW (Please che	ck at lef	t of each	h item)	) <i>:</i>							
YES	NO	DON'T KNOW	(Check each i	tem)	YES	NO	DON'T KNOW	(Ch	eck each	item)	YES	NO	DON'T KNOW	(Check each item)
	X		SCARLET FEVER, ERYSIPELA	ıs		V		ASTHMA				X		RECENT GAIN OR LOSS OF WEIGHT
			DIPHTHERIA			Y		SHORTNESS	OF BREATH			Վ		ARTHRITIS OR RHEUMATISM
			RHEUMATIC FEVER			V		PAIN OR PE	RESSURE IN	CHEST		*		BONE, JOINT, OR OTHER DEFORMITY
			SWOLLEN OR PAINFUL JOS	INTS		¥		CHRONIC CO	DUGH			*		LAMENESS
			MUMPS			Υ.		PALPITATIO	N OR POUN	DING HEART		4		LOSS OF ARM, LEG, FINGER, OR TOE
			COLOR BLINDNESS			X		HIGH OR LO	OW BLOOD I	PRESSURE		X		PAINFUL OR "TRICK" SHOULDER OR ELBOW
			FREQUENT OR SEVERE HEA	DACHE		X		CRAMPS IN	YOUR LEGS	J		K		RECURRENT BACK PAIN
			DIZZINESS OR FAINTING S	SPELLS		X			ND IGESTION			*		"TRICK" OR LOCKED KNEE
			EYE TROUBLE			X		STOMACH, OR INTEST	LIVER, INAL TROUB	ILE		*		FOOT TROUBLE
			EAR, NOSE, OR THROAT	TROUBLE		¥				OR GALLSTONES		4		NEURITIS
			RUNNING EARS		X			JAUNDICE (	(1944	Z) ·		X		PARALYSIS (Inc. infantile)
			HEARING LOSS			*		ANY ADVER	SE REACTION MEDICINE	V-TO SERUM,		*		EPILEPSY OR FITS
	$\bot$		CHRONIC OR FREQUENT CO	OLDS		¥		BROKEN BO	NES			_ <b>K</b> _		CAR, TRAIN, SEA, OR AIR SICKNESS
			SEVERE TOOTH OR GUM T	ROUBLE				TUMOR, GR	OWTH, CYS	T, OR CANCER		X		FREQUENT TROUBLE SLEEPING
			SINUSITIS		X			RUPTURE/H	IERNIA 🕶	<b>ERATION</b>	3/69	¥		FREQUENT OR TERRIFYING NIGHTMARES
			HAY FEVER			X		APPENDICIT				Y		DEPRESSION OR EXCESSIVE WORRY
			HEAD INJURY			×		PILES OR R	ECTAL DISE	ASE		K		LOSS OF MEMORY OR AMNESIA
	L		SKIN DISEASES			4		FREQUENT (	OR PAINFUL	URINATION		1		NERVOUS TROUBLE OF ANY SORT
			GOITER			*		KIDWEY STO	NE OR BLO	OD IN URINE		¥		ANY DRUG OR MARCOTIC HABIT
			TUBERCULOSIS			×		SUGAR OR	ALBUMIN IN	URINE		*		EXCESSIVE DRINKING HABIT
	火		SOAKING SWEATS (Nigh	t sweats,	1	X		BOILS				Υ		PERIODS OF UNCONSCIOUSNESS
												Y		
	IANY JOBS HREE YEAR	HAVE YOU HA		9. WHAT IS HELD ANY MONTHS	OF THESE		YOU	20.	WHAT IS	YOUR USUAL OCC	UPATION?		]2	ARE YOU (Check one)  RIGHT HANDED LEFT HANDED  OPTIONAL FORM 58

MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	· NO	CHECK EACH ITEM YES	OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	1	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UMABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	س	B. INABILITY TO PERFORM CERTAIN MOTIONS	•
	سا	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	V	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
	V	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
/		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	)
/		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	HERUI OPERATION 3/69 DR.CLYN SMITH- CARMEL COMMUNITY HOSPITA
	v	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY MOTED? (If yes, specify when, where, and give details)	J CARMEL CACIF-
	v	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)	
	V	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec- tion)	
	V	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	_V_	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE— YOU APPLIED=FOR PENSION OR COMPENSATION FOR EXIST- ING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

TYPED OR PRINTED NAME OF EXAMINEE  BURNEY THREADSILL SR-	SIGNATURE Sweet	Lun T	jul &	
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY.	1		, - , - , - , , -	
32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment	on all positive answers in items 1	5 through 31. Physic	cian may develop	by .
interview any additional medical history he deems important, and record an	v significant findings here			

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The state of the s \$ :

TYPED OR PRINTES NAME OF PHYSICIAN OR EXAMINER

J. F. SANDERSON, LT, MC, USNR 7/30/70

NUMBER OF ATTACHED

SERVICE.

THREADGILL, BURNEY EBI ANNUAL E DESK WITHIN NORMAL LIMITS R.A. PROULX

STANDARD FO	RM 93
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GSA FPMR 101	-11.8

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	<u> </u>											
1.	AST	NAME-	-FIRST NAME-MIDDLE NAME			1	( ) Ta	2. SOCIAL SEC				
	74	KER	ADGILL BURN ESS (No. street or RFD, city or town	75	$\mathcal{T}$	(N	NI) (JR-	42 C	2 -	13	- 1	77
3.	номе	ADDRI	ESS (No. street or RFD, city or tow	n, Sta	ite, an	d ZIP C	ODE)	4. POSITION (1	itle,	grade	, comp	onent)
	Atı	たなず	ON PLACE - CA	2, W	モし	- C	AUF-	54				
5.	PURP	OSE OF	EXAMINATION		6. D/	TE OF	EXAMINATION	7. EXAMINING	FAC	ILITY	OR EX	MINER, AND ADDRESS
		+ W K	ان کار	}	ic	2/2	6172	. (Include Zil	- Coa	е)		
8	STATI	FMENT	OF EXAMINEE'S PRESENT HEALTI	- ANI	D MFI	DICATIO	NS CURRENTI Y II	SED (Follow by	desci	intin	n of pas	t history, if complaint exists)
v.	J.,	-W	or Examines of Reservitions.				one connective o	old (ronon by	<b>.</b>	.p	. OI pus	· motory, ir complaint exists,
		6	00D									<b>§</b>
		-,										
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9.	HAVE	YOU E	/ER (Please check each item)			<del></del>			10.	DO Y	OU (Ple	ase check each item)
YES	NO			ck e	ach it	em)			YES			(Check each item)
	<u>ا</u>	Lived	with anyone who had tuberculosis						5		Wear	glasses or contact lenses
									~			vision in both eyes
	-		ed up blood						_			
	1		xcessively after injury or tooth ext	ractio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1		a hearing aid
	V		oted suicide ·				<del></del>			-		r or stammer habitually
	<u>-</u>		sleepwalker							1	Weara	brace or back support
11.	HAVE		VER HAD OR HAVE YOU NOW (Plea	se ci	neck a		each item)					
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check eac	h item)	YES	NO	DON'T KNOW	(Check each item)
	V		Scarlet fever, erysipelas				Cramps in your le	gs		1		"Trick" or locked knee
·	V		Rheumatic fever		V		Frequent indigest	ion		V		Foot trouble
N	- V		Swollen or painful joints		V		Stomach, liver, or inte			V		Neuritis
	10		Frequent or severe headache		V		Gall bladder trouble			V		Paralysis (include infantile)
	V		Dizziness or fainting spells	~			Jaundice or hepat			レ		Epilepsy or fits
	1		Eye trouble				Adverse reaction			V		Car, train, sea or air sickness
	レ		Ear, nose, or throat trouble		1		or medicine			V		Frequent trouble sleeping
ļ	V		Hearing loss		v		Broken bones	<del></del>		1		Depression or excessive worry
	V		Chronic or frequent colds	<u> </u>	1		Tumor, growth, cy	st cancer	<u> </u>	V	<b></b> -	Loss of memory or amnesia
	V		Severe tooth or gum trouble	V			Rupture/hernia		$\vdash$	V	<del></del>	Nervous trouble of any sort
	V		Sinusitis	<del>-</del> -	V		Piles or rectal disc	9258	-	V		Periods of unconsciousness
			Hay Fever	<u> </u>	1		Frequent or painf			-		
	V		Head Injury	-	1		Bed wetting since		-			
-	1		Skin diseases		V		Kidney stone or bl		-			
-	V		Thyroid trouble TAKE (250		V		Sugar or albumin			<del></del>		
~	V		Tuberculosis   PROCOLPOS	160	V		VD—Syphilis, gon			<u> </u>	<del> </del>	
L			Asthma	تتا	1		Recent gain or los		$\vdash$		<del> </del>	
<b> </b> -	1			<b> </b>	V		Arthritis, Rheumatism				<del> </del>	
<u> </u>	L		Shortness of breath Pain or pressure in chest	<u> </u>	V		Bone, joint or other	<del></del>			<del> </del>	
├	V			<u> </u>	V	<del>-</del>	Lameness	o. delormity			<del> </del>	ļ
<u> </u>	<del>                                     </del>		Chronic cough	<u> </u>	V				12	EEM	N ES O	JI V. HAVE VOILEVER
├	1		Palpitation or pounding heart	├	V		Loss of finger or t		12.	CEN	-LES 01	NLY: HAVE YOU EVER
<b> </b>	1	<u> </u>	Heart trouble	├	-		Painful or "trick" sh	<del></del>				Been treated for a female disorder
<u> </u>	1	<b> </b>	High or low blood pressure	├	V	<u> </u>	Recurrent back pa	ain	<u> </u>		-	Had a change in menstrual pattern
<u> </u>				<u> </u>				· · · · · · · · · · · · · · · · · · ·				
				L_	l				<del> </del>	45-		
13.	MHA.	T IS YO	UR USUAL OCCUPATION?					•	14.	٦		heck one)
		FP	SI AGENI						15	Rig	tht hand	led Left handed
4						<del></del>						02_101_01

Initials

YES	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15. Have you been refused employment or been unable to hold a job or stay in school because of:	
	V	A. Sensitivity to chemicals, dust, sun- light, etc.	a sales
	V	B. Inability to perform certain motions.	• • •
·	V	C. Inability to assume certain positions.	
	V	D. Other medical reasons (If yes, give reasons.)	
	V	<ol> <li>Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).</li> </ol>	
	r	17. Have you ever been denied life insur- ance? (If yes, state reason and give details.)	.*
	V	<ol> <li>Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)</li> </ol>	
V		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	HERNIA 69
	V	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
	V	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	1	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	V	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	V	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
l au	thori		supplied by me and that it is true and complete to the best of my knowledge. tioned above to furnish the Government a complete transcript of my medical record for purposes rvice.
1		OR NEY THREADGILL	TR- SIGNATURE Throdgill
25.	Phys	ician's summary and elaboration of all pertine	TED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." nt data (Physician shall comment on all positive answers in items 9 through 24. Physician may be deems important, and record any significant findings here.)
	) _	ley percholesterolemen	noted - sollowed by put DR-
		Rxdz dust+	6 es 10-rd.
	Z)	Hepatitu-1943	::
	3)	hernia, @ 1 Nguva	l- reparted-1969
		•	
}			
	PED C	R PRINTED NAME OF PHYSICIAN OR INER  ■ J.W. SHIGEOKA LT MC U	DATE SIGNATURE NUMBER OF ATTACHED SHEETS
PEV	FDSE	OF STANDARD FORM 93	\$\frac{1}{\pi} \text{U.S. GOVERNMENT PRINTING OFFICE: 1971—0—424-008}

1. BORDERLINE TRACING READGILL, BURNER JR. 2. RIGHT VENTRICULAR CONDUCTION DISTURBANCE 3. OLD MYOCARDIO INFARCTION CANNOT BE EXCLUDED

10/30/72

CAPT (MC) USN HTAD OF CARDIOLOG

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## ECOTT IN HU SEL REPORT FOF LMEDICAL HISTORY

**U.S. Civil Service Employees and Applicants** 

1. LAST NAME—FIRST NAME	-MIDDLE N			_	2. TITLE OF POSITION	•	3. SOCIAL SECURITY NUMBER
THREF	1061	LL. BO	URNEY.	JR-	SA		426 14 1799
4. HOME ADDRESS (Num	aber, stre		or town, State, and a	CIP Code)	5. PURPOSE OF EXAMINATION	<del></del>	6. DATE OF EXAMINATION
	N. P	, 3741°	CARMEL		ANNUAL		9-23-71
7. SEX	8. TOTAL Y	EARS GOVERNMENT SER	RAICE	9. AGENCY		10. DRGANIZATION UNIT	
Μ	MILITARY	3	CIVILIAN 24	FB1		SŒ	
11. DATE OF BIRTH		12. PLACE OF BIRTH			13. EXAMINING FACILITY OR	EXAMINER, AND ADDRESS (Includ	ding ZIP Code)
10-28-2	. 1	BILO	KI, Miss -				
	FFIC BRECCHT				history, if complaint ex		

DO YOU	(Pleas	e check at left of each item):	16. HAVI	YOU EVER	(Please check at left of each item):	
ES	NO	(Check each item)	YES	NO	(Check each item)	
V		WEAR GLASSES OR CONTACT LENSES READING		X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
/		HAVE VISION IN BOTH EYES		X	COUGHED UP BLOOD	
	×	WEAR A HEARING AID		人	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
	×	STUTTER OR STAMMER HABITUALLY				
	X	WEAR A BRACE OR BACK SUPPORT				

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):

ES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	×		SCARLET' FEVER, ERYSIPELAS		X		ASTHMA		×		RECENT GAIN OR LOSS OF WEIGHT
	メ		DIPHTHERIA		¥		SHORTNESS OF BREATH		χ		ARTHRITIS OR RHEUMATISM
	X		RHEUMATIC FEVER		X		PAIN OR PRESSURE IN CHEST		. X		BONE, JOINT, OR OTHER DEFORMITY
	×		SWOLLEN OR PAINFUL JOINTS		Y		CHRONIC COUGH		Χ		LAMENESS
	×		MUMPS		X		PALPITATION OR POUNDING HEART		X		LOSS OF ARM, LEG, FINGER, OR TOE
	χ		COLOR BLINDNESS		X		HIGH OR LOW BLOOD PRESSURE		Χ	,	PAINFUL OR "TRICK" SHOULDER OR ELBOW
	Χ.	- +	FREQUENT OR SEVERE HEADACHE		_X		CRAMPS IN YOUR LEGS		X		RECURRENT BACK PAIN
	ን		DIZZINESS OR FAINTING SPELLS		Х		FREQUENT INDIGESTION	<del>7</del> /	X	- 3	"TRICK" OR LOCKED KNEE
	*		EYE TROUBLE		X		STOMACH, LIVER, OR INTESTINAL TROUBLE		Х		FOOT TROUBLE
	Х		EAR, NOSE, OR THROAT TROUBLE		*		GALL BLADDER TROUBLE OR GALLSTONES		×		NEURITIS
	Х	-	RUNNING EARS	X			JAUNDICE 1944		X		PARALYSIS (Inc. infantile)
	X		HEARING LOSS		X		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		χ		EPILEPSY OR FITS
	Х		CHRONIC OR FREQUENT COLDS		X		BROKEN BONES		Х		CAR, TRAIN, SEA, OR AIR SICKNESS
	Х		SEVERE TOOTH OR GUM TROUBLE		У		TUMOR, GROWTH, CYST, OR CANCER		X.		FREQUENT TROUBLE SLEEPING
	X		SINUSITIS	Х			RUPTURE/HERNIA 1969		X		FREQUENT OR TERRIFYING NIGHTMARES
	χ		HAY FEVER		Χ		APPENDICITIS		Y		DEPRESSION OR EXCESSIVE WORRY
	χ		HEAD INJURY		X		PILES OR RECTAL DISEASE		χ		LOSS OF MEMORY OR AMNESIA
	χ		SKIN DISEASES		×		FREQUENT OR PAINFUL URINATION		*		NERVOUS TROUBLE OF ANY SORT
	Х		GOITER		X		KIDNEY STONE OR BLOOD IN URINE		×		ANY DRUG OR MARCOTIC HABIT
	Х		TUBERCULOSIS		X		SUGAR OR ALBUMIN IN URINE		7		EXCESSIVE DRINKING HABIT
	X		SOAKING SWEATS (Night sweats)		Х		BOILS		X		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? PRESENT

19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 2+1/25

20. WHAT IS YOUR USUAL OCCUPATION?

21. ARE YOU (Check one)
RIGHT HANDED LEFT HANDED

"OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

Initials

YES	NO	CRECK-EACH TEAC YES	OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	V	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, OUST, SUNLIGHT, ETC.	
	V	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	V	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
	V	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
1.		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	HERWIA-69
V		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	AN 25
· ·	V	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	V	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE-PAST-S-YEARS-FOR-OTHER-THAN MINOR ILLNESSES?  (If yes, give complete address of doctor, hospital, clinic, and details)	
		29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec- tion)	•
	L	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	V	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXIST- ING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE	2 0 N
BURNEY THREADEIL JR-	S way T	Juneary &
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."		• • • • • • • • • • • • • • • • • • • •

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by

interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED MANE OF PHYSICIAN OR EXAMINER

S.S. KROLL LT MC USNR 23 Sep 71

NUMBER OF ATTACHED SHEETS

THREADGILL, BURNEY F.B.I. STAFF SICK CALL

WITH: NORMAL LIMITS

D. J. YARBOROUGH LCDR (MC) USNR

0007740

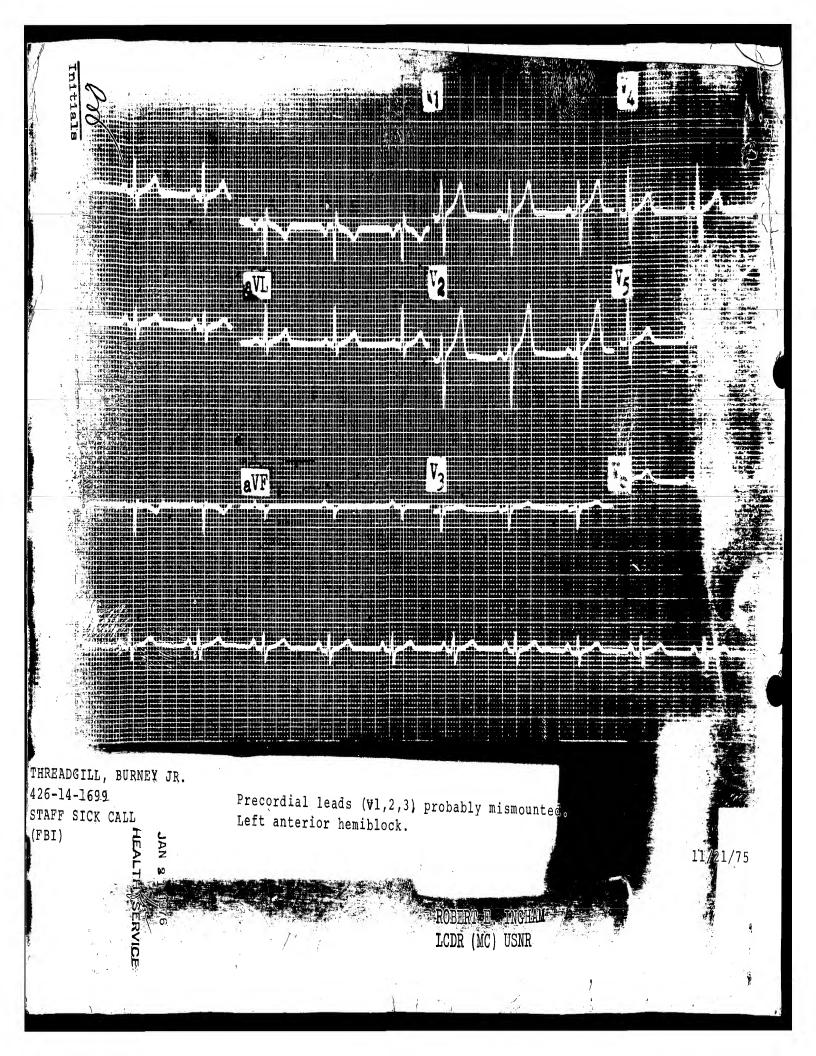
Initials

#### REPORT OF MEDICAL HISTORY

	1	(THIS IN	FORMATION IS FOR OFFICIAL AND	MEDI	CALL	Y-CONFII	DENTIAL USE ONLY AND WILL N	OT BE	RE	LEAS	ED TO U	NAUTHORIZED PERSONS)
1. 1	AST	NAME-	FIRST NAME-MIDDLE NAME				2. SOCIAL	SECU	RIT	Y OF	RIDENT	IFICATION NO.
	7	HPE	ADGUL RUDUS	ں ج	,	IR	42	6-	/ 4	L_	179	<b>o</b> -
3. I	юн	E ADDR	ESS (No. street or RFD, city or too	vn, Sta	te, a	and ZIP (	CODE) 4. POSITIO	N (Titi	е,	grad	e, comp	onent)
R	21.0	6E7	WOOD RD_CARU	ぼし	_	CA-	93921 5050	12		4	SENT	_
			EXAMINATION					IING F	AC	IĻITY	OR EX	AMINER, AND ADDRESS
	1	ANI	Nove			11/2	1175 454	AVA	م	- (	7050	MAL.
8. :	STAT	rement	OF EXAMINEE'S PRESENT HEALT	TH AN	D MI	EDICATION	ONS CURRENTLY USED (Follow	by de	scr	iptio	n of pas	t history, if complaint exists)
1	w	ILE	DAILY .1 0	AT	Αį	PRE	<b>S</b> .					a
			•									
								-1-				
		·	VER (Please check each item)	<u> </u>					_		OU (Ple	ase check each item)
YES	ŅO	<del></del>		neck e	acn	item)			<u> </u>	NO		(Check each item)
	+	+	with anyone who had tuberculosis									glasses or contact lenses
	+	<del> </del>	ned up blood	tro oti		<u>.                                    </u>		<u> </u>			<del></del>	vision in both eyes
	+	+	excessively after injury or tooth ex pted suicide	ttractio			,			+		a hearing aid r or stammer habitually
	+	+	a sleepwalker					$-\vdash$		+	-	brace or back support
11	HAV	·	VER HAD OR HAVE YOU NOW (Ple	ease cl	heck	at left o	f each item)			,,/	wear a	brace or back support
YES		DON'T KNOW		YES		DON'T	(Check each item)	Y	ES	NO	DON'T KNOW	(Check each item)
	T	1	Scarlet fever, erysipelas	1	1		Cramps in your legs			1		"Trick" or locked knee
	+		Rheumatic fever		Ħ		Frequent indigestion					Foot trouble
_	十		Swollen or painful joints	$t^-$	П		Stomach, liver, or intestinal trouble			$\top$		Neuritis
			Frequent or severe headache	1	t.		Gall bladder trouble or gallstones			7		Paralysis (include infantile)
	$\top$		Dizziness or fainting spells	1			Jaundice or hepatitis (944)			T		Epilepsy or fits
	$\top$		Eye trouble				Adverse reaction to serum, d	rug,				Car, train, sea or air sickness
	$\exists$		Ear, nose, or throat trouble	1	1		or medicine			Т		Frequent trouble sleeping
			Hearing loss				Broken bones					Depression or excessive worry
			Chronic or frequent colds		1		Tumor, growth, cyst, cancer					Loss of memory or amnesia
	$\Box$		Severe tooth or gum trouble	V			Rupture/hernia 1969			$\perp$		Nervous trouble of any sort
			Sinusitis	L_	ı		Piles or rectal disease			L		Periods of unconsciousness
			Hay Fever	<u> </u>			Frequent or painful urination					
			Head injury	<u> </u>	Ш		Bed wetting since age 12			1		
			Skin diseases	ļ	Ц		Kidney stone or blood in urine		_	$\perp$		
		ļ	Thyroid trouble	1_	Ш	1	Sugar or albumin in urine			_		
	1		Tuberculosis	1	1		VD—Syphilis, gonorrhea, etc.	-+-		_		
	1		Asthma				Recent gain or loss of weight			1		
			Shortness of breath	-	-		Arthritis, Rheumatism, or Bursitis	-1-	-	-		
	1		Pain or pressure in chest	100	╙	<del></del>	Bone, joint or other deformity		_	$\perp$		
	$\dashv$		Chronic cough		+		Lameness	┥.	ب	, A	A1 FC C-	SI V. HAVE VOLUEVED
	1		Palpitation or pounding heart	-	1		Loss of finger or toe		۷.	r EM	ALES U	NLY: HAVE YOU EVER
. 7	1	1	Heart trouble	-	1	-	Painful or "trick" shoulder or elbo	<b>"</b>				Been treated for a female disorder
V		-	High or low blood pressure	+-	+	-	Recurrent back pain	$\dashv$			-	Had a change in menstrual pattern
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YES NO CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT 15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. Other medical reasons (If yes, give reasons.) Have you ever been treated for a mental condition? (If yes, specify when, where, and give details). 17. Have you ever been denied life insur-ance? (If yes, state reason and give details.) A. TRANSURETHRAC Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.) RESECTION OF THE Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) PROSTATE - SEPT 9, 1975 G.E. DUEKER, MD Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) Community Hospital 21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) OF THE MONTEREY PENUSUCA 22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.) CADMELICA 23. Have you ever been discharged from malitary sevice because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.) HERNIA COME Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.) HIGH BLOOD PRESSURE - NOW - 74 - LAST PHYSCAR certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. TYPED OR PRINTED NAME OF EXAMINEE SIGNATURE NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.) No sequale feem above sweg TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER NUMBER OF ATTACHED SHEETS SIGNATURE R RRO MD



					REF	<b>20</b> 1	RT O	F MEDICAL HISTORY				
		T)	HIS INF	FORMATION IS FOR OFFICIAL AND	MEDI	CALL	Y-CONFIE	DENTIAL USE ONLY AND WILL NOT	BE RE	LEAS	ED TO U	NAUTHORIZED PERSONS)
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YES	N	0		(CF	eck e	ach	item)			NO		(Check each item)
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· -	4	_	Attemp	oted suicide							Stutte	r or stammer habitually
				sleepwalker						l	Wear a	brace or back support
11.	HA'	_		ER HAD OR HAVE YOU NOW (Ple	ase c	heck	_	f each item)				
YES	NO	۱,	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		,		Scarlet fever, erysipelas	Ė	,		Cramps in your legs		,		"Trick" or locked knee
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				Frequent or severe headache		1		Gall bladder trouble or gallstones				Paralysis (include infantile)
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	7			Eye trouble				Adverse reaction to serum, drug,				Car, train, sea or air sickness
	7			Ear, nose, or throat trouble	1	_		or medicine				Frequent trouble sleeping
	7			Hearing loss	i	1		Broken bones				Depression or excessive worry
				Chronic or frequent colds		l		Tumor, growth, cyst, cancer				Loss of memory or amnesia
				Severe tooth or gum trouble	1		1	Rupture/hernia 1948		1		Nervous trouble of any sort
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	$\neg$	П		Hay Fever				Frequent or painful urination				
	一			Head injury	1	$\sqcap$		Bed wetting since age 12				
	1			Skin diseases	1	$\parallel$		Kidney stone or blood in urine				
1		П		Thyroid trouble (200)	1	$\sqcap$		Sugar or albumin in urine			٠,	
<u> </u>				Tuberculosis	1	1		VD-Syphilis, gonorrhea, etc.	ļ			
				Asthma	$\vdash$	11		Recent gain or loss of weight				
	1		- "	Shortness of breath				Arthritis, Rheumatism, or Bursitis			7	
	1			Pain or pressure in chest	T	$\parallel$		Bone, joint or other deformity				
	1			Chronic cough				Lameness				
	1			Palpitation or pounding heart	$\vdash$	$\Pi$		Loss of finger or toe	12.	FEM.	ALES OF	ILY: HAVE YOU EVER
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				High or low blood pressure		11		Recurrent back pain				Had a change in menstrual pattern
	7	H				1					<u> </u>	
	1	Ħ				Ė						
13.	WH	ΙΑΊ	r IS YOU	JR USUAL OCCUPATION?				· · · · · · · · · · · · · · · · · · ·	14.	ARE	YOU (C	héak one)
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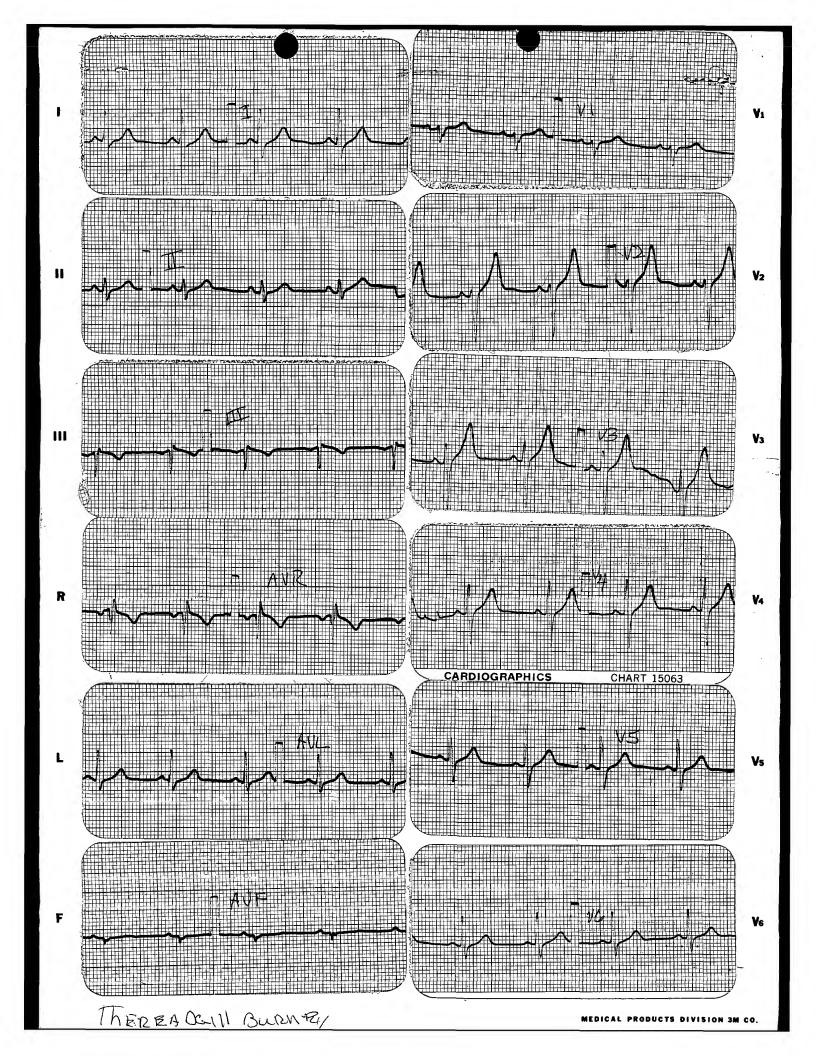
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	v		Scarlet fever, erysipelas		4	`	Cramps in your legs			V		"Trick"	or locked knee	1
	ν·		Rheumatic fever		4		Frequent indigestion			1		Foot trou	ible	1
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	V		Frequent or severe headache		1		Gall bladder trouble or gallstones	$\neg$		V		Paralysis	(include infantile)	1
	V		Dizziness or fainting spells	1			Jaundice or-hepatitis 194	3		V		Epilepsy	or fits	1
	. 1/		Eye trouble	广	ļ		Adverse reaction to serum, d	-		U		Car, train	n, sea or air sickness	1
	1		Ear, nose, or throat trouble	1	1		or medicine			1		Frequent	trouble sleeping	1
	V	<u> </u>	Hearing loss	<del>                                     </del>	v	-	Broken bones	$\dashv$		V		<del> </del>	on or excessive worry	1
	1		Chronic or frequent colds	_	V	-	Tumor, growth, cyst, cancer	$\dashv$				<del></del>	nemory or amnesia	1
	1	<del> </del>	Severe tooth or gum trouble	V	<del></del>	-	Rusture/hernia aperlatio	. 1	68			<del> </del>	trouble of any sort	┨
	<u> </u>	ļ	Sinusitis	<del>                                     </del>	V		Piles or rectal disease	-	60	V		<del></del>	of unconsciousness	┨
	V	<del> </del>	Hay Fever	<del> </del>	1		Frequent or painful urination			-				-
	<u> </u>	<del> </del>	Head injury	<del> </del>	V	<del>                                     </del>	Bed wetting since age 12				<del></del>	<del>                                     </del>		1
	V	<del>                                     </del>	Skin diseases	<del></del>	7	<del> </del>	Kidney stone or blood in uring	<del>,                                    </del>		<del></del>		<del> </del>		- 4
	V	-	Thyroid trouble	<del> </del>	V	<del> </del>	Sugar or albumin in urine	-				<del>                                     </del>		1
	<del>                                     </del>	-	Tuberculosis	<del> </del>	1	-	VD—Syphilis, gonorrhea, etc			├		<del> </del>		+
-	1		Asthma	-	V		Recent gain or loss of weight	_	_	-				-
	-		Shortness of breath	-	1		Arthritis, Rheumatism, or Bursitis	-				-		1
	1		Pain or pressure in chest	}	1	-	Bone, joint or other deformits	_				<del> </del>		1
	1		Chronic cough	$\vdash$	1		Lameness	_				<del> </del>	<del>,</del> , , , , , , , , , , , , , , , , , ,	1
	1	<del> </del>		<del>  -</del>	<u> </u>	<del> </del>	Loss of finger or toe		12	EFMA	I EG O	NI V. DAVE	YOU EVER	1
<u> </u>	V	<del> </del>	Palpitation or pounding heart	-	V	<del> </del>	Painful or "trick" shoulder or elbe		+4.	r EMA	LES UI		d for a female disorder	
-	1	-	Heart trouble	-	V		<u></u>	-						-
<u> </u>	1		High or low blood pressure	-	-		Recurrent back pain			$\longrightarrow$		mad & cha	nge in menstrual pettern	1
				<del> </del>			<del></del>	-				<del> </del> -	······································	1
		. 10 ::-	UD HOUSE ASSURANCE AND	L	<u> </u>	<u> </u>		_			· ·	<u> </u>		-
13.	WHA	i is Y0	UR USUAL OCCUPATION? 人かかいかりてった								YOU (C ht hand	heck one) ded	Left handed	
S/N	010	9-200				-			-			PI	ATE NO. 22151(FRO	NT)

- 1	NO	CHECK EACH ITEM YES OR NO. EV	ERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		Have you been refused employment or been unable to hold a job or stay in school because of:     A. Sensitivity to chemicals, dust, sunlight, etc.	
	2	B. Inability to perform certain motions.	•
	~	C. Inability to assume certain positions.	
	/	D. Other medical reasons (if yes, give reasons.)	
	/	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	HISPITAL 1968
	i	Have you ever been denied life insurance? (If yes, state reason and give details.)	19, CARLIE HISPITAL 1968 HERVIS - DO CLYN SAUTH
	<i>i</i>	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
1	**	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
	v	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	V	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	i	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	L	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom,	
		and what amount, when, why.)	
au	thori	and what amount, when, why.)  that I have reviewed the foregoing information ze any of the doctors, hospitals, or clinics menti	
au of	thori f prod	that I have reviewed the foregoing information	oned above to furnish the Government a complete transcript of my medical record for purpose
OI TYP	thori f prod ED C	and what amount, when, why.)  that I have reviewed the foregoing information ze any of the doctors, hospitals, or clinics menti- essing my application for this employment or ser	oned above to furnish the Government a complete transcript of my medical record for purpose vice.  SIGNATURE
7YP NO1	FED C	that I have reviewed the foregoing information ze any of the doctors, hospitals, or clinics menticessing my application for this employment or ser or PRINTED NAME OF EXAMINEE  AND TO THE DOCTOR OR NURSE, OR IF MAILE ician's summary and elaboration of all pertinen p by interview any additional medical history here.	oned above to furnish the Government a complete transcript of my medical record for purpose vice.  SIGNATURE  TR  MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
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7YP	FED C	and what amount, when, why.)  that I have reviewed the foregoing information ze any of the doctors, hospitals, or clinics menticessing my application for this employment or ser or PRINTED NAME OF EXAMINEE  THOUSAND TO THE DOCTOR OR NURSE, OR IF MAILE ician's summary and elaboration of all pertinen p by interview any additional medical history here.	SIGNATURE  TO MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."  t data (Physician shall comment on all positive answers in items 9 through 24. Physician mass deems important, and record any significant findings here.)
7YP	FED C	that I have reviewed the foregoing information ze any of the doctors, hospitals, or clinics menticessing my application for this employment or ser OR PRINTED NAME OF EXAMINEE  AND TO THE DOCTOR OR NURSE, OR IF MAILE ician's summary and elaboration of all pertinen p by interview any additional medical history here.	SIGNATURE  TO MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."  t data (Physician shall comment on all positive answers in items 9 through 24. Physician mass deems important, and record any significant findings here.)
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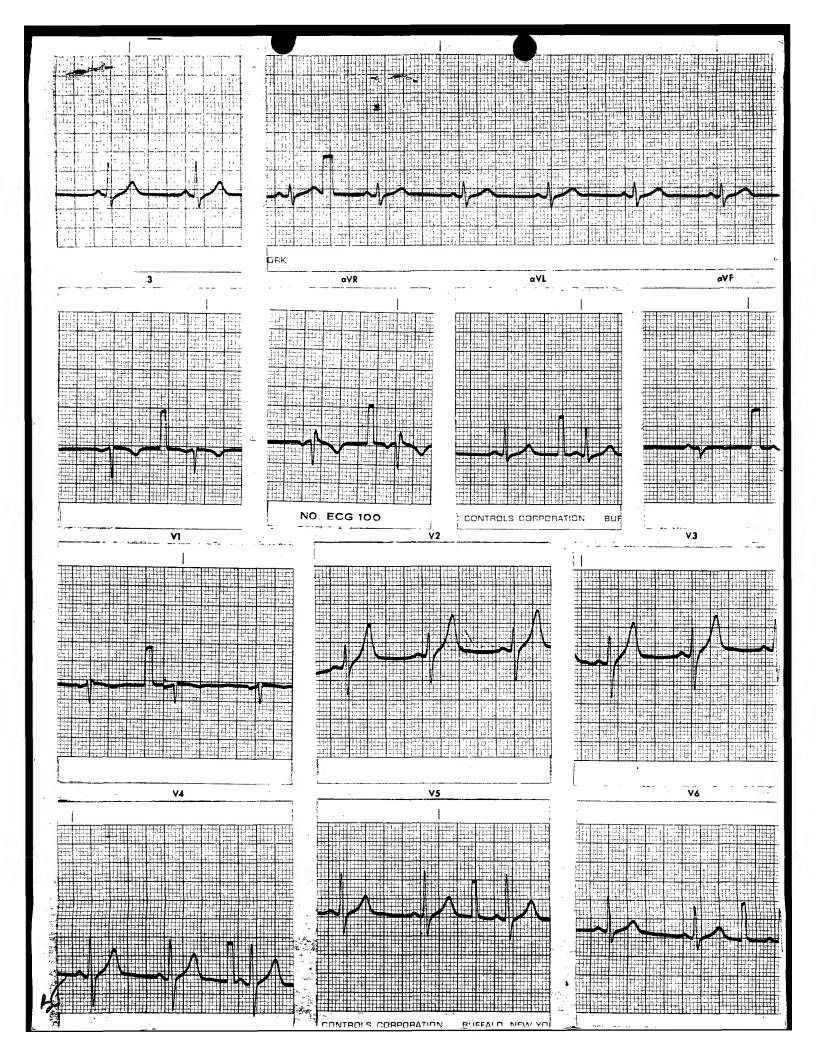
ELECTROCARDIOGRAPHIC RECORD

(Attach Tracings to SF-507)

Standard Form 520 Revised April 1958. General Services Administration & Interagency Comm. on Medical Records FPMR 101-11-809-3 520-105

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